

MONTGOMERY COUNTY COUNCIL

FY02 INTENSIVE BUDGET REVIEW PROJECT # 5

AGING AND DISABILITY SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES



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JANUARY 29, 2002

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Executive Summary

This Intensive Budget Review (IBR) examines the funds appropriated to the Department of Health and Human Services' (DHHS) Aging and Disability Services in FY 2002. The report recommends a framework for making future budget decisions, based upon the purpose of the funds and the key result or goal of the service. The Council can use the framework in FY 2003 and beyond to: 1) identify priorities; 2) assess spending; 3) make policy; and 4) identify areas for pursuit of State funds.

This fiscal year, County tax-supported dollars account for \$15.3 million (54%) of the \$28.4 million total appropriation received by Aging and Disability Services. In sum:

- \$11.8 million (78%) of the County dollars pay for operating expenses, of which \$7 million fund non-competitively bid contracts with service providers;
- \$9 million (60%) of the County dollars supplement State programs, and another \$4.1 million (28%) funds County initiatives;
- \$10.3 million (67%) of the County dollars pays for programs to help seniors and people with disabilities reside in the least restrictive environment (e.g., in their own home, family member's home, foster care, or group home); and
- Only \$729,000 (5%) of the County dollars pays for programs that protect seniors and people with disabilities from abuse and neglect.

Legislative staff recognizes the interconnection among the Aging and Disability programs and the fact that programs address multiple key results or outcomes. However, placing the programs in the framework will help guide Council budget and policy decision-making and help the Council identify priorities.

Future budget decisions will become even more important in light of projected increases in the County's senior population. Legislative staff recommends that the Council designate safety of vulnerable adults as its highest funding priority for Aging and Disability Services. If it becomes necessary to increase funding for programs that address safety, Legislative staff recommends shifting funds away from programs that primarily increase quality of life.

Legislative staff also recommends that the Council:

- Continue to advocate for State funding and adopt a formal written policy for appropriating County funds to supplement State programs;
- Ask the Management and Fiscal Policy Committee to review the current system of awarding contracts non-competitively;
- Request DHHS to provide annual updates on the impact of the new Medical Assistance Waiver for Older Adults; and
- Request DHHS to provide a time line for development of meaningful outcome measures, particularly for contracted programs and services.

I. Introduction

A. Methodology

Jennifer Kimball, Legislative Analyst, Office of Legislative Oversight and Joan Planell, Senior Legislative Analyst, Council Staff completed this project. The work consisted of multiple meetings with staff in Aging and Disability Services and site visits with direct service providers and clients. Legislative staff reviewed budgets, Council packets, Department of Health and Human Services (DHHS) reports and briefings, performance measurement documents, and spreadsheets developed by DHHS staff. Legislative staff also met with the Executive Committees of the Commission on People with Disabilities and the Commission on Aging.

Although the Intensive Budget Review (IBR) projects do not include a formal Executive Branch review process, Legislative staff sought technical corrections and comments on the draft report from the Department of Health and Human Services. All technical corrections were incorporated into this final report.

B. Scope

This Intensive Budget Review (IBR) project provides an overview of the Department of Health and Human Services' Aging and Disability Services programs. It also reviews the total \$28.4 million appropriated to DHHS for Aging and Disability Services, with a detailed examination of the \$15.3 million County dollars appropriated to the service area. The information is intended to help the Council make informed budget decisions in FY 2003 and beyond.

The \$28.4 million appropriated to DHHS' Aging and Disability Services in FY 2002 does not reflect all funds appropriated by the Council for senior services and services for adults with disabilities. The Council appropriated additional funds in FY 2002 to serve these populations, such as¹:

- \$1.2 million in the Department of Recreation for Senior Programs;
- \$892,000 in the Department of Recreation for the Therapeutic Recreation and Adventure Program;
- \$3.3 million in the Department of Public Works and Transportation for the Paratransit Program;
- \$1.8 million in Non-Departmental Accounts for community service, community empowerment, and other grants.

Funds in DHHS' Public Health Services include dollars for the Senior Dental Program. Funds appropriated to the Department of Public Libraries for the Special Needs Library serve seniors and people with disabilities. The Office of the State's Attorney spent

¹ This is not an exhaustive list of dollars associated with seniors and people with disabilities.

FY 2002 funds to support the Family Violence Unit, the Task Force on Elder Abuse, and the Financial Fraud/Economic Crimes Unit.

C. Organization of Report

Part II – Overview of Aging and Disability Services provides background information about the service area and its programs/services.

Part III – Funding Analysis explains the Federal, State, and County funds appropriated to Aging and Disability Services in FY 2002. The majority of Part IV presents detailed information about the \$15.3 million of County funds.

Part IV – Analysis of Performance Measurement describes the development and use of performance measures by Aging and Disability Services.

Part V – Significant Future Changes – Demographics and the Medical Assistance Waiver for Older Adults presents demographic data to describe the potential need for services for seniors and people with disabilities in the future. It also explains the potential impact of the Medical Assistance Waiver for Older Adults on future funding.

Part VI – Input from Stakeholders summarizes discussions with the Executive Committees of the Commission on Aging and the Commission on People with Disabilities.

Part VII – Framework for Identifying Priorities categorizes the FY 2002 County funds according to six broad goals (key results) of Aging and Disability Services and four purposes of funds (tiers). The County Council can use this framework to identify priorities and to understand how the County invests local dollars to meet the goals of Aging and Disability Services.

Part VIII – Summary of Findings presents ten findings that summarize the funding analysis and describe future trends and the service area's use of performance measures.

Part IX – Recommendations presents seven recommendations regarding how the Council can use this report and conduct future analysis of Aging and Disability Services.

D. Acknowledgements

Legislative staff received extensive assistance from many staff members in Aging and Disability Services during the course of this study. In particular, staff appreciates the assistance provided by Jay Kenney, Bill Clark, Elizabeth Boehner, Debbie Christner, and Mike Fitzgerald.

Legislative staff also thanks the following DHHS staff members for taking the time to provide input to the review: Marsha Aaron, Linda Anderson, Yvonne Baskerville, Betsy Binckes, Ed Bouton, Myrtle Bowens, Winnie Bryant, Meg Campbell-

Kotler, Anise Chapman-Stewart, June Galloway, Sybil Greenhut, Brad Gold, Edie Hurley, Laurie Koontz, Shawn Lattanzio, Emily Londos, Suzanne Lord, Betsy Luecking, Joseph McGloin, Mercy Momodu, Karen Morris, Lauren Newman, Sue Nyden, Joanne Orchant, Maryellen Powers, Mary Randall Ingate, Juanita Rosser, Madalena Shamoun, Carol Smith, Mohamed Sumah, Mario Wawrzusin, Linda Wertheim, and Portia Willis.

Legislative Staff appreciates the help of Daryl Plevy, Arlene Rogan, and Charles Smith for their assistance with the performance measurement portion of the report. Staff also thanks the Executive Committees of the Commission on Aging and the Commission on People with Disabilities, and the families and providers who discussed their viewpoints.

II. Overview of Aging and Disability Services

Aging and Disability Services is one of six service areas in the Department of Health and Human Services (DHHS). A DHHS organization chart is attached at ©1 and an organization chart for Aging and Disability Services is attached at ©2. Each service area chief reports directly to the Department Director. Staff in the Aging and Disability Service Area comprises approximately 10% of the DHHS staff. For FY 2002, funding for this service area comprises approximately 16% of the Department's total budget and 11% of the Department's County General Funds.

Aging and Disability Services provides assistance to seniors and people with disabilities. Consistent with other DHHS service areas, program goals fall into one of three categories: safety, health, or self-sufficiency. Efforts to *promote safety* include preventing and responding to allegations of abuse, neglect, self-neglect, and financial exploitation. They also help individuals remain in the least restrictive environment for as long as possible. Efforts to *improve health* include programs that address physical, dental, and mental health. Programs to *enhance self-sufficiency* help individuals maintain independence and increase their quality of life. This part of the report summarizes the programs and services, based on the program categories used in the budget.

A. Information and Assistance

This program provides information about County services for seniors and people with disabilities. The Federal Older Americans Act mandates the provision of information and assistance to seniors in each jurisdiction nationwide.

Individuals can call Information and Assistance to obtain basic information, access services, and report suspected abuse, neglect, and financial exploitation. Information and Assistance staff screens calls to determine service needs. Information and Assistance staff also visits clients at Senior Centers and at their homes to assist them with needs that do not require an in-depth assessment and care (for example, completing applications for transportation programs). The unit refers cases that indicate a person may be in danger or require extensive services to the Assessment Services Unit.

In FY 2002, the Information Line, the telephone based referral service for seniors and people with disabilities, expects to answer 24,000 phone calls at an average cost of \$22 per call. The Information Line staff includes 8.8 workyears. In FY 2002, Senior Information and Assistance expects to provide assistance to 2,000 seniors at an average cost of \$156 per client contact, with a staff complement of 5.3 workyears.

B. Assessment Services

Information and Assistance refers individuals who need an in-depth evaluation to Assessment Services. Generally, each assessment consists of a multi-disciplinary evaluation, with a nurse reviewing each client's medical condition and a social worker determining the client's psychosocial needs. This information is used to develop a care plan that outlines the services needed to address the client's needs. Assessment staff monitors the client for approximately three months to assure that clients are safe and stable. Clients that require longer term assistance and case management are referred to the Continuing Case Management Unit.

For FY 2002, Assessment Services expects to assess 450 cases of suspected abuse and neglect at an average cost of \$1,424 dollars per evaluation, with a staff complement of 9.1 workyears. In addition, the program expects to evaluate 800 seniors and people with disabilities in need of care planning at an average cost of \$1,112 per evaluation, with a staff complement of 9.8 workyears.

C. Continuing Case Management

This program provides longer term case management services to clients at risk of abuse, neglect, self-neglect, and financial exploitation. Staff also provides case management services to adults whose safety is not in question but who need support services to remain in the community (e.g., home care, day care). Four teams of social workers and nurses monitor care plans to regularly assess clients' needs.

Continuing Case Management consists of three State mandated programs administered by DHHS. The **Adult Protective Services (APS) Program** provides professional services to vulnerable adults at risk of abuse or neglect. The **Social Services to Adults (SSTA) Program** provides assistance to seniors and adults with functional disabilities and includes the Transitional Emergency, Medical, and Housing Assistance (TEHMA) Program. The **Guardianship Program** provides case management and surrogate decision-making for individuals who have been adjudicated by the Circuit Court to require a public guardian. Under the auspices of the Assessment and Continuing Case Management Programs, the Department also administers the following State programs:

- The State Department of Health and Mental Hygiene's (DHMH) Adult Evaluation and Review Services (AERS) Program to provide assessment, care planning, and short-term case management to seniors and people with disabilities; and

- The State Department of Aging's Senior Care Program to provide case management and funding for low-income disabled adults aged 65 years and older.

For FY 2002, the Department expects:

- Adult Protective Services to serve 450 clients at an average annual cost of \$1,178 per client. There are 6.6 workyears for this program element;
- Social Services to Adults (SSTA) to serve 671 clients at an average annual cost of \$1,070 per client. There are 9 workyears for this program element; and
- Public Guardianship Program to serve 90 clients at an average annual cost of \$3,378 per client. There are 3.9 workyears for this program element.

D. In-Home Aide Services

In-Home Aide Services include personal care, chore assistance, therapeutic support, self-care education, and escorted transportation. The goal of In-Home Aide Services is to prevent abuse and neglect, prevent institutionalization, and enhance quality of life. The County provides funding to supplement this State Department of Human Resources (DHR) program to serve additional clients. Merit employees and contractors provide in-home aide services. In FY 2002, the Department expects to serve 635 clients at an average annual cost of \$6,427 per client. There are 18.4 workyears for this program in FY 2002.

E. Assisted Living Services

This program includes the adult foster care program and the housing subsidy program for seniors living in group homes.

- Adult foster care matches clients to homes, provides subsidies to eligible clients, finds and certifies homes, and provides ongoing case management to clients. This program must comply with the recently adopted State Assisted Living Regulations. DHHS staff is currently working with providers to ensure that they meet the new care standards. The Department expects to serve 190 clients at an average annual cost of \$6,268 per client. There are 7.6 workyears associated with this program element.
- The Housing Subsidy Program for Seniors Living in Group Homes provides subsidies to low-income seniors in need of group home placement. The State Department of Aging administers this program. The County supplements the monthly state subsidy rate of \$550 for low income seniors because the cost of group housing in this County exceeds the amount that the State provides. In FY 2001, the County provided subsidies to 45 seniors at an average cost of \$275 per month (\$3,300 per year). The Department expects to subsidize approximately the same number of seniors in FY 2002.

F. Respite Care

This State Department of Human Resources administered program provides temporary, occasional care of frail elders and persons with disabilities to relieve families and other primary caregivers. This program is currently provided under contract and consists of two components: 1) Respite Services that bring providers into the client's home; and 2) a Respite House where people with disabilities go for limited overnight stays.

In FY 2001, the Department funded a total of 42,689 respite care hours at an average cost of \$13.57 per hour. Respite Services provided relief to 734 clients for almost 36,700 hours and the Respite House, a County initiative, served 95 clients for 6,000 hours.

G. Senior Community Services

Senior Community Services provides a variety of services aimed at keeping seniors in the community and enhancing their quality of life. Services include transportation to shopping and community events, grocery shopping, visitor services, and skills training. In FY 2001, the Department funded 4,076 billable hours of legal services, grocery shopping for 460 people, friendly visitor services for 124 people, and representative payee services for 41 people.

H. Senior Food Program

This Federally funded program (Older Americans Act) provides nutritious meals, with opportunities to socialize in settings where programs and other services are available. In addition, the program provides home-delivered meals to homebound seniors and adults with disabilities. In FY 2001, the Council provided local funds to provide nutrition services for 3,670 people.

I. Mental Health Services

This program provides short-term mental health services to seniors, persons with developmental disabilities, and persons with hearing impairments. The majority of these services are provided under contract to individuals who do not qualify for services under the public mental health system. In FY 01, select statistics indicate that 46 clients with hearing impairments were referred for services and 82 older adults were seen for outreach mental health services.

J. Ombudsman Services

This program, mandated under the Federal Older Americans Act, investigates complaints by or on behalf of older persons in long-term care facilities, provides education, and coordinates community involvement in facility improvement. The

Department relies heavily on volunteers to resolve complaints in both nursing homes and assisted living facilities. The Department expects to receive 800 complaints in FY 2002.

Currently the program has 2.5 workyears, but the Department received a State grant that will add three merit workyears to the staff complement and transfer one workyear from the County General Fund. As a result, the minimum number of hours spent by staff or volunteers in each nursing facility will increase from 4 hours to 10 hours per week. The assisted living component of the program will add a program manager to the existing contract. This will ensure that a contractor or volunteer will visit all 25 large assisted living facilities a minimum of 4 hours per week and all small facilities a minimum of 4 hours per month.

K. Persons with Disabilities Outreach Services

This program provides a variety of services including transition services for disabled young adults leaving the school system, service coordination, and crisis management and intervention. In FY 2001, the Department served 3,146 people with disabilities at an average annual cost of \$1,028 per person.

L. Group Residential and Vocational Services

This program provides County financial assistance to providers who receive State funds to serve adults with developmental disabilities. The County grants pay for services not reimbursed by the State. Services eligible for County grant funds include residential services, community supported living arrangements (CSLA), independent support services, family support services, and supported employment. In FY 2002, the Council appropriated \$5.4 million to serve 1,700 people with disabilities at an average annual cost of \$3,227 per person.

M. Community/Nursing Home Medical Assistance and Outreach

This program certifies and processes applications for Federally-funded long-term care, community Medical Assistance benefits, and Supplemental Security Income (SSI). In FY 2001, DHHS received 861 long-term care applications and 1,839 Medical Assistance and Outreach applications.

III. Funding Analysis

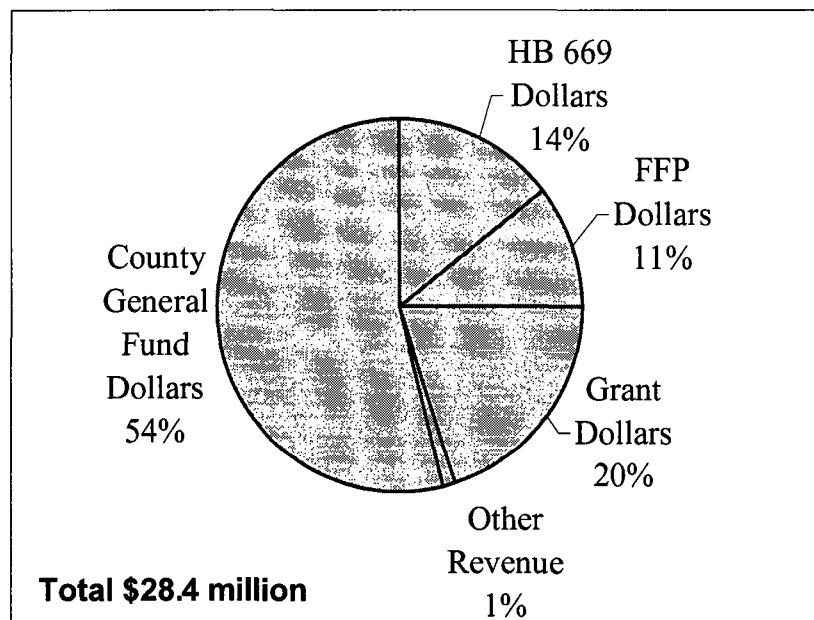
A. Funding Sources

The Council appropriated \$22.7 million, \$28.1 million, and \$28.4 million² to Aging and Disability Services in FY 2000, 2001, and 2002, respectively. The \$28.4 million appropriated for FY 2002 includes:

- \$15.3 million County General fund dollars;
- \$5.7 million Federal and State grant dollars;
- \$4.1 million State House Bill 669 dollars (HB 669);
- \$3.0 million Federal Financial Participation dollars (FFP); and
- \$322,000 of other revenue.

Graph 1 shows this break down of funding sources in FY 2002. County tax-supported dollars fund approximately 54% of the FY 2002 Aging and Disability Services budget.

Graph 1 - Aging and Disability Services Funding Sources, FY 2002



² On November 27, 2001, the Council approved a supplemental appropriation of \$1.697 million for providers who serve people with developmental disabilities. This supplemental appropriation increased the DHHS FY 2002 budget from \$26.7 million to \$28.4 million.

1. Federal and State Grants

Approximately \$5.7 million of the FY 2002 Aging and Disability Services appropriation represents grants, including \$1.5 million from the Federal government and \$4.2 million from the State government. Approximately 47% of the State grants come from the State Department of Aging and 53% from the State Department of Health and Mental Hygiene. The \$1.5 million of Federal grant funds flow to the County through the State Department of Aging.

2. House Bill 669 Dollars (HB 669)

Approximately \$4.1 million of the FY 2002 Aging and Disability Services appropriation represents House Bill 669 Funds (HB 669). In September 1996, the County and the State Department of Human Resources (DHR) signed an agreement in accordance with Chapter 476 of the Laws of Maryland 1996 that transferred State assistance and social service programs administered by DHR to the County. Since that time, the Council appropriates State funds for personnel and operating expenses of State DHR programs. Approximately 85% of FY 2002 HB 669 dollars in this service area pays for positions. Benefits payments for assistance programs, such as Adult Foster Care, are paid directly to providers from the State.

3. Federal Financial Participation Dollars (FFP)

Approximately \$3.0 million of the FY 2002 Aging and Disability Services appropriation represents Federal Financial Participation (FFP) revenue. The County collects FFP revenue through the State Department of Human Resources for eligible programs. The County matches all FFP dollars. FFP dollars fund both personnel and operating expenses. The County maximizes the opportunities to capture FFP funds for eligible DHR positions and programs.

4. Other Revenue

Aging and Disability Services anticipates collecting \$322,000 of additional revenue during FY 2002 including:

- State Adult Evaluation and Review Services (AERS). The State reimbursed the County \$355 per AERS assessment in FY 2002. The Department estimates revenues of \$90,000 in FY 2002;
- Purchasers of in-home aide services. Clients in one-person households with incomes of \$31,119 or more pay an hourly fee for services, based on a State established sliding scale. In September 2001, 60 of the 350 clients paid for in-home aide services. The Department estimates revenues of \$93,000 in FY 2002; and

- Community/Nursing Home Medical Assistance and Outreach. The Department provides staff on-site at selected hospitals and nursing homes to initiate applications for Medical Assistance for patients. Hospitals reimburse the County for local funds to supplement State salaries. The Department estimates revenues of \$138,783 in FY 2002.

B. Description of County Funds

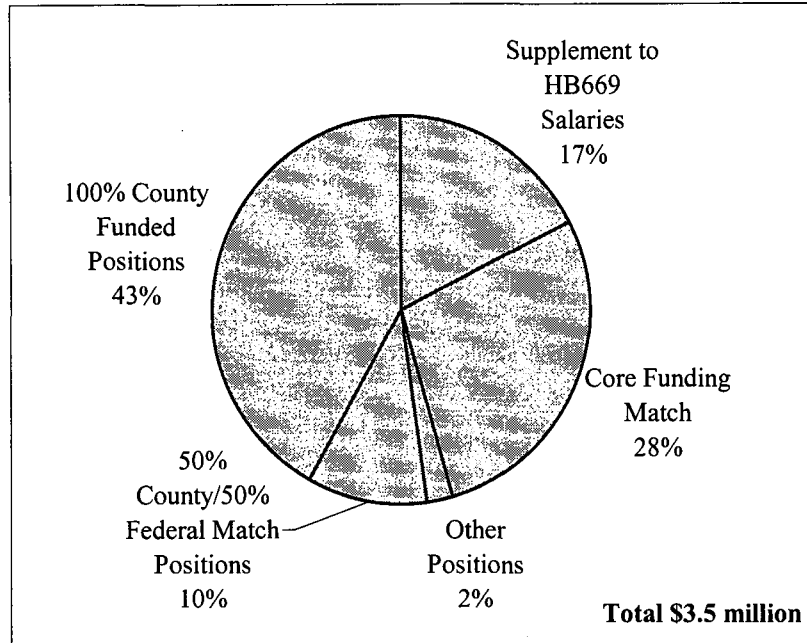
County dollars totaling approximately \$15.3 million represent the remainder of the FY 2002 appropriation. Of the \$15.3 million, approximately 22% or \$3.5 million fund personnel expenses. Another 78% or \$11.8 million fund operating expenses. Table 1 (page 11) and Graphs 2 and 3 (page 12) present the dollars in more detail. The categories of personnel and operating expenses are explained beginning on page 13.

Table 1 - Categories of Personnel and Operating Dollars, FY 2002 (000's)

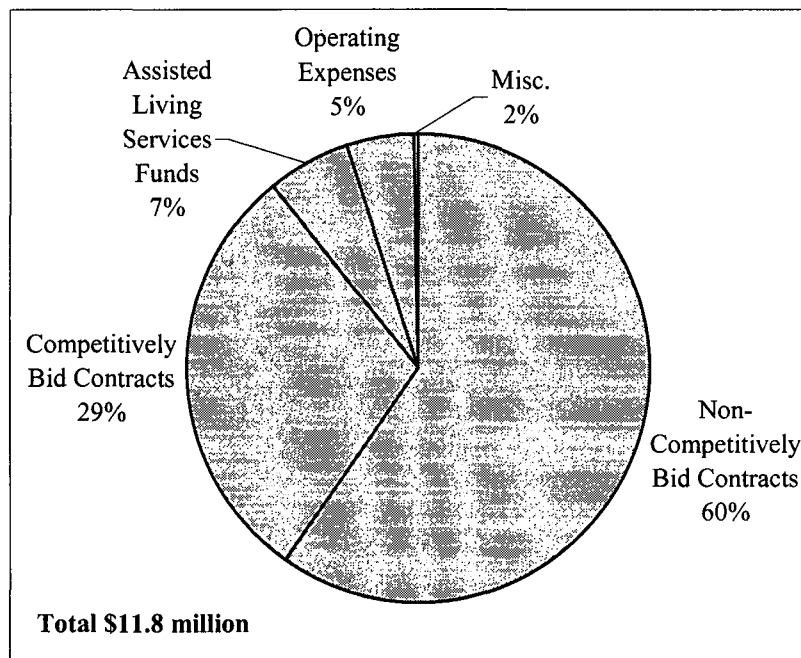
Personnel	FY 2002 Dollars	Percent of Total
100% County-Funded Positions	\$1,464	10.0%
Core Funding Match - Public Health Services	\$980	6.0%
Supplement to HB 669 Salaries	\$611	4.0%
50% County/50% Federal Match Positions	\$367	2.0%
Other Positions ³	\$78	0.5%
Subtotal	\$3,500	22.0%
Operating		
Non-Competitively Bid Contracts	\$7,036	46.0%
Competitively Bid Contracts	\$3,451	23.0%
Assisted Living Services Funds	\$688	5.0%
Operating Expenses (e.g., flex funds, vouchers)	\$581	4.0%
Miscellaneous	\$22	0.1%
Subtotal	\$11,779	78.0%
TOTAL	\$15,279	100%

³ Other Positions represent 3.0 WYs funded with a combination of County, FFP, and grant dollars.

Graph 2 - Categories of Personnel Dollars, FY 2002



Graph 3 - Categories of Operating Dollars, FY 2002



PERSONNEL DOLLARS

1. 100% County-Funded Positions

The County funds 100% of the cost of 20.8 workyears in Aging and Disability Services in FY 2002. Generally, the County funds positions to add capacity and reduce caseloads, or to provide staff for County programs or initiatives that are not State-funded (e.g., the County's Senior Dental Program).

Funding for the positions in this category totals \$1.5 million in FY 2002. This \$1.5 million represents 10% of the total Aging and Disability Services appropriation. Table 2 lists the 100% County-funded positions by program area.

Table 2 - 100% County-Funded Positions, FY 2002

Program Area	Classification	WY	County Dollars⁴
Chief's Office	Program Manager II	1.0	\$83,293
	Administrative Specialist III	1.0	\$51,992
	Overtime		\$5,701
Persons with Disabilities Outreach Services	Manager III	1.0	\$91,804
	Program Manager II	1.0	\$83,172
	Program Specialist II	1.0	\$77,514
	Office Services Coordinator	2.0	\$93,523
Group Residential and Vocational Services	Program Manager I	1.0	\$51,992
Information and Assistance Services	Manager II	1.0	\$100,238
	Social Worker III	1.0	\$72,501
	Community Health Nurse II	1.0	\$52,733
	Client Assistance Specialist	1.0	\$51,597
Senior Community Programs	Manager II	1.0	\$106,735
	Program Manager II	1.0	\$90,936
	Program Manager I	2.0	\$136,153
	Client Assistance Specialist	0.4	\$22,420
	Fiscal Assistant	0.4	\$20,520
	Office Services Coordinator	1.0	\$44,903
Continuing Case Management Services	Community Health Nurse II	1.0	\$78,335
Assisted Living and Congregate Housing	Program Manager I	1.0	\$80,686
Nursing Home Ombudsman	Community Health Nurse II	1.0	\$67,547
TOTAL		20.8	\$1,464,295

⁴ Includes salary and benefits.

2. Core Funding Match to Public Health Service Programs

To receive funding for core public health services from the State Department of Health and Mental Hygiene, the County is obligated to provide matching dollars. The Department uses 13 workyears from Assessment Services to provide part of the required match. The County's match for these positions totals approximately \$980,000 in FY 2002 and makes up 6% of the total \$15.3 million of County funds in Aging and Disability Services. Table 3 lists the positions and the County dollars.

Table 3 - County Costs for Core Funding Match Positions, FY 2002

Classification	WY	County Dollars
Nurse Manager	1.0	\$94,310
Community Health Nurse II	10.0	\$784,839
Office Automation Adm II	1.0	\$59,496
Principal Admin Aide	1.0	\$41,191
Total	13.0	\$979,836

3. Supplement to HB 669 Salaries

As detailed on page 15, the County and State have a legally binding agreement that requires the County to provide a position for each of the State funded position matches allocated to Montgomery County. Because these positions have been established within the County's merit system, County compensation requirements necessitate that the County fund any difference between the State provided match and the individual's actuary salary. On average, this is less than ten percent of the full cost of the position.

DHR provides funding for agreed upon personnel at specific grades and steps. The County pays the difference between the State funding level and the County's compensation level for each employee. In addition, the County collects a match from the Federal government for each dollar it spends on HB 669 positions.

In FY 2002, approximately \$600,000 or 4% of the total Aging and Disability Services funds fall into this category. There are 74 HB 669 workyears in Aging and Disability Services in FY 2002. Table 4 (page 15) lists the HB 669 workyears by program area and shows the State, Federal, and County dollars that fund the positions.

4. 50% County-Funded/50% Federal Match Positions

The County pays for 11.35 workyears in FY 2002 that support State Department of Human Resources programs. These positions are eligible for a 50% FFP match (see page 10). In FY 2002, County funding for these positions totaled \$367,293 and represents approximately 2% of the total County dollars in Aging and Disability Services. Table 5 (page 15) lists these positions, the County funding, and the Federal funding.

Table 4 - HB 669 Position Funding by Program Area, FY 2002

Program Area	WY	State Dollars	Federal Dollars	County Dollars
Assessment Services	13.5	\$778,829	\$75,276	\$75,276
Assisted Living Services	10.0	\$512,209	\$116,016	\$116,016
Community/Nursing Home MA and Outreach	17.0	\$775,222	\$81,401	\$81,401
Continuing Case Management	12.5	\$687,223	\$133,141	\$133,141
In-Home Aide Services	16.5	\$555,865	\$143,767	\$143,767
Information and Assistance	2.5	\$128,127	\$21,621	\$21,621
Service Area Administration	2.0	\$96,583	\$40,269	\$40,269
TOTAL	74	\$3,534,058	\$611,491	\$611,491

Table 5 - 50% County-Funded/50% Federal Match Positions, FY 2002

Program Area	Classification	WY	County Dollars	Federal Dollars
Assessment Services	Social Worker III	1.0	\$39,788	\$39,788
	Subtotal		\$39,788	\$39,788
Community/Nursing Home MA and Outreach	Income Asst Prog Specialist II	1.0	\$35,729	\$35,729
	Subtotal		\$35,729	\$35,729
Information and Assistance	Social Worker III	1.0	\$34,915	\$34,915
	Client Assistance Specialist	1.0	\$27,090	\$27,090
	Subtotal		\$62,005	\$62,005
Continuing Case Management Services	Community Health Nurse II	1.0	\$33,773	\$33,773
	Principal Admin Aide	0.75	\$12,295	\$12,295
	Social Worker III	1.5	\$50,886	\$50,886
	Subtotal		\$96,954	\$96,954
Assisted Living and Congregate Housing	Social Worker III	1.1	\$34,186	\$34,186
	Subtotal		\$34,186	\$34,186
In-Home Aide Services	Community Services Aide III	1.0	\$33,393	\$33,393
	Social Worker III	1.0	\$43,865	\$43,865
	Community Health Nurse II	1.0	\$21,373	\$21,373
	Subtotal		\$98,631	\$98,631
Total		11.35	\$367,293	\$367,293

OPERATING DOLLARS

5. Non-Competitively Bid Contracts

In FY 2002, approximately \$7 million of the operating dollars in Aging and Disability Services funds non-competitively bid contracts. This represents 46% of the \$15.3 million of County funds in the service area. Table 6 (page 17) lists the contractors and the corresponding County dollars. It excludes contracts under non-departmental accounts (community service, community empowerment, and other grants).

6. Competitively Bid Contracts

In FY 2002, approximately \$3.45 million, or 23%, of the operating dollars in Aging and Disability Services pay for competitively bid contracts. Table 7 (page 18) lists the FY 2002 contractors and the corresponding County dollars. The table excludes competitively bid contracts in non-departmental accounts (community service, community empowerment, and other grants).

7. Assisted Living Services Funds

In FY 2002, the Council appropriated \$688,140 for subsidies and supplements to the Assisted Living Program, including:

- Adult Foster Care Subsidies - \$548,140, and
- Group Home Supplement - \$140,000.

These subsidies are paid directly to providers. The County dollars in the Adult Foster Care Program provide subsidies for 84 clients above the number that can be served with State dollars. On average, foster care for each individual costs approximately \$9,600 annually. The County dollars in the Group Home program supplement the rates that providers receive from the State to provide group home services in Montgomery County. The State pays \$550 dollars for each client. The County provides an average of \$275 for each client, for a total average subsidy of \$825 per client.

Table 6 - County Dollars in Non-Competitively Bid Contracts, FY 2002

Program Area	Contractor	County Dollars in the Contract
Persons with Disabilities Outreach Services	TransCen	\$137,234
	Volunteers for the Visually Impaired	\$81,842
	Independence Now	\$48,691
	Metropolitan Washington Ear	\$48,653
	CHI	\$32,080
	Best Buddies International	\$28,015
	Red Wiggler	\$24,999
	Potomac Community Resources c/o Our Lady of Mercy	\$10,200
	Subtotal	\$411,714
Group Residential and Vocational Services	26 Providers of programs to promote normalization of persons with developmental disabilities – Developmental Disabilities Grants	\$5,393,000
	6 Contracts for the Handicapped Rental Assistance Program	\$480,460
	Kennedy Institute	\$207,415
	Subtotal	\$6,080,875
In-Home Aide Services	Jewish Social Service Agency	\$14,288
	Subtotal	\$14,288
Senior Community Services	Jewish Council for the Aging (6 contracts)	\$336,483
	Associated Catholic Charities (2 contracts)	\$70,818
	University of Maryland Cooperative Extension Service	\$61,646
	Senior Interfaith Resource Center	\$46,818
	Jewish Resource Center	\$3,509
	Subtotal	\$519,274
Mental Health Services	Round House Theater	\$10,200
	Subtotal	\$10,200
	Total	\$7,036,351

Table 7 - County Dollars in Competitively Bid Contracts, FY 2002

Program Area	Contractor	County Dollars in the Contract
Persons with Disabilities Outreach Services	Regency Cab Inc.	\$4,000
	Barwood, Inc.	\$1,000
	Subtotal	\$5,000
Assessment Services	Medstar Health Visiting Nurse Assoc.	\$22,000
	Rosemary Sheldon	\$2,500
	Bruce Kirby	\$2,500
	Subtotal	27,000
Group Residential and Vocational Services	ARC of Montgomery County (3 contracts)	\$697,978
	Lt. Joseph P. Kennedy Institute	\$53,750
	Jewish Social Service Agency	\$40,000
	Subtotal	\$791,728
In-Home Aide Services	Nursing Enterprises, Inc. (2 contracts)	\$384,025
	Home Care Partners	\$243,126
	Potomac Home Support	\$220,000
	Home Call/First Call (2 contracts)	\$150,000
	Montgomery General Hospital Community Health	\$112,500
	Jewish Social Service Agency (2 contracts)	\$52,000
	Subtotal	\$1,161,651
Ombudsman Services	Senior Care Advocates	\$69,360
	Subtotal	\$69,360
Senior Community Services	Ryder/ate Inc	\$645,310
	Mental Health Association of MC (2 contracts)	\$126,171
	Subtotal	\$771,481
Senior Food Program⁵	Contracts to supplement Federal funds for Meals on Wheels	\$75,750
	Contracts for Meals on Wheels	\$60,000
	Subtotal	\$135,750
Mental Health Services	Affiliated Sante Group (2 contracts)	\$403,210
	Jewish Social Service Agency	\$85,456
	Subtotal	\$488,666
TOTAL		\$3,450,636

⁵ DHHS contracts with 22 additional organizations for the Senior Food Program, but those contracts are grant funded.

8. Operating Expenses

Legislative staff also identified several operating expenses. Some dollars fund direct services, and others purchase items such as training, office supplies, printing, and travel. The operating expenses total \$580,530 in FY 2002 and include:

- Flex funds for the Community Support Network Voucher Program - \$43,000
- Flex funds for Continuing Case Management clients - \$4,950
- Funds for a Senior Initiative Coordinator (Broker Contract) - \$60,000
- Funds for Chore Services in the In-Home Aide program - \$158,240
- Funds for medicine for Assessment Services clients - \$7,500
- Administrative costs for the MA Waiver for Older Adults - \$200,000
- Operating expenses in the Chief's office - \$59,000
- Operating expenses in Information and Assistance - \$13,800
- Operating expenses in Continuing Case Management - \$3,000
- Operating expenses in Assessment Services - \$31,040

9. Miscellaneous

The remaining \$23,000 of the FY 2002 appropriation are miscellaneous operating expenses. Legislative staff did not identify the specific use of these dollars.

IV. Analysis of Performance Measurement

The Department of Health and Human Services publishes Measuring Progress – A Strategy to Get Results annually. Measuring Progress represents the County's effort to report outcome-focused performance measures. The document presents performance measures related to the following four broad outcomes:

- Children and vulnerable adults are safe;
- Children and adults are physically and mentally healthy;
- Individuals and families achieve their maximum possible level of self sufficiency; and
- Young people making smart choices.

DHHS also participates in the County Government's effort to report performance data with the budget in Montgomery Measures Up!. The latest publication (April 2001) of this report included performance measures for six programs within Aging and Disability Services.

A. Current Use of Performance Measurement

DHHS reports that development and use of performance measurement data took several years to initiate. Staff has worked to change its approach to measuring performance from examining outputs to compiling a family of measures including inputs,

outputs, outcomes, service quality, and efficiency. To date, Aging and Disability Services has focused on measuring services provided directly by merit employees. One exception is the In-Home Aide Services Program that is provided by both merit employees and contractors. In FY 2002, the Department published performance measures for the following ten programs or program elements:

- Ombudsman Services;
- Senior Information and Assistance (Information and Assistance);
- Information Line (Information and Assistance);
- In-Home Aide Services;
- Social Services to Adults (Continuing Case Management);
- Public Guardianship Program (Continuing Case Management);
- Adult Protective Services (Continuing Case Management);
- Adult Protective Services (Assessment Services);
- Adult Evaluation and Review Services (Assessment Services); and
- Adult Foster Care (Assisted Living Services).

The measures and data are included in Attachment 3, beginning at ©3.

Current efforts focus on ensuring that service area staff measure and collect the data that provide the most useful and accurate information, and on developing and refining measures. Staff members state that performance measurement has had a limited role in policy and decision-making to date. Performance measurement is currently used to:

- Ensure that everyone in the Department understands desired outcomes and results. The process of identifying and tracking community-wide outcomes, key results, and performance measures helps keep the staff focused on the Department's goals;
- Identify potential problems. Performance data also serve as a red flag to potential problems. While the data may not indicate the reason for a problem or the source of a problem, it does show staff members where they need to focus attention;
- Identify successes. The Department can also use measurement data to identify successes. Staff can then use that information to determine what made the service successful and apply the knowledge to other program areas;
- Identify trends. Performance data collected over time can reveal trends that the Department uses in evaluating and planning programs; and
- Support research and analysis. Aging and Disability Services recently hired a data manager to support the development and use of performance measures, provide a link between the program managers and Customer Service and Accountability, and use performance data in research and analysis.

B. Plans for Future Use of Performance Measurement

Service area staff indicates that they will have performance measures for six additional programs or program elements by the end of FY 2002. This effort includes developing a set of performance measures for service providers that contract with DHHS. Aging and Disability Services will also continue to improve the quality of existing measures, data collection, and reporting methods. The Department does not have a timeline for when these additional components of the performance measurement system will be in place.

Aging and Disability Services staff plans to use performance data as one of multiple components in policy and budget decision-making in the future. In particular, the service area will use the research and analysis produced by the data manager to make greater use of the performance measurement data and link it to budget and policy decisions. In addition, the County's Office of Management and Budget has integrated performance measures in its review of Executive departments' requests for FY 2003 funds.

V. Significant Future Changes – Demographics and Medical Assistance Waiver for Older Adults

A. Demographics

The number and characteristics of seniors and people with disabilities in Montgomery County influence the need for services and the public dollars spent on services. Therefore, future demographic changes will impact policy, planning, and budget decisions.

The U.S. Census Bureau and the Maryland-National Capital Park and Planning Commission (M-NCPPC) compile data on seniors and people with disabilities, but substantially more data are available about the characteristics of seniors.

- **It is estimated that 11 percent of the County's population has a disability. Approximately 34% of the people 65 years and older in Montgomery County have a disability.**
- **It is projected that the number of people in the County over 65 years of age will increase from 98,167 in 2000, to 118,460 in 2010, and to 162,430 in 2020. The percentage of all County residents who are over 65 years is projected to increase from 11% in FY 2000 to 16% in 2020.**
- **The need for services increases as individuals become older. Data indicates that individuals need transportation, personal care, and adult day care services to remain in the community. Seniors and people with disabilities also need subsidized assisted living units.**

- **Data indicate that income decreases as an individual ages. In 1996, a total of 27% of households with seniors over the age of 85 had incomes less than \$20,000, compared to 10% of households with seniors between 65 and 74 years of age.**

1. People with Disabilities

Census 2000 data indicate that approximately 92,000 or 11% of County residents had a disability⁶. Table 8 provides data on the number of people with a disability in Montgomery County as of December 2001. The majority of people with a disability (53%) are between 21 and 64 years of age. Individuals over the age of 65 are more likely to have a disability. The Census data indicate that 34% of the County residents over 65 has a disability, while only 9% of County residents between 21 and 64 years of age have a disability. The majority of the County residents that have a disability have difficulty hearing conversation (53%), difficulty seeing words or letters (47%), or an emotional disability (33%).

Table 8 – Number of People with Disabilities in Montgomery County, December 2001

Age Group	# of People with a Disability	% of Total Population
Age 5-20	12,004	6.5%
Age 21-64	48,839	9%
Age 65+	31,064	34%
TOTAL	91,907	11%

Department of Health and Human Services, December 2001

2. Seniors

Population. The 2000 U.S. Census indicates that 98,157 individuals 65 years and older reside in Montgomery County, representing 11% of the total County population. Table 9 (page 23) indicates that approximately 26,000 of the County's seniors are between 65 and 69 years of age, in contrast to 13,000 seniors who are 85 years and older. Residents over 75 years of age, who typically require the most support services, represent 5.7% of the total County population.

⁶ Non-institutionalized population

Table 9 - Montgomery County Senior Population by Age, 2000

Age	Number	Percent of Total County Population
65-69	26,105	3.0%
70-74	23,998	2.7%
75-79	20,921	2.4%
80-84	14,150	1.6%
85+	12,983	1.5%
Total	98,157	11.2%

Census 2000, US Census Bureau, June 2001. Produced by the Maryland Department of Planning, Planning Data Services

Table 10 shows the projected senior population between 2000 and 2030. The U.S. Census Bureau projects that the number of seniors over 65 in Montgomery County will increase from 98,157 in 2000, to 118,460 in 2010, and to 162,430 in 2020. People over the age of 65 account for 11% of the total County population in 2000 and will account for 20% of the total County population in the year 2030.

Table 10 - Projected Population of People 65+ in Montgomery County, 2000-2030

	2000	2005	2010	2015	2020	2025	2030
Population 65 years and older	98,157	106,090	118,460	138,540	162,430	189,500	215,090
Percent of Total County Population	11%	11%	12%	14%	16%	18%	20%

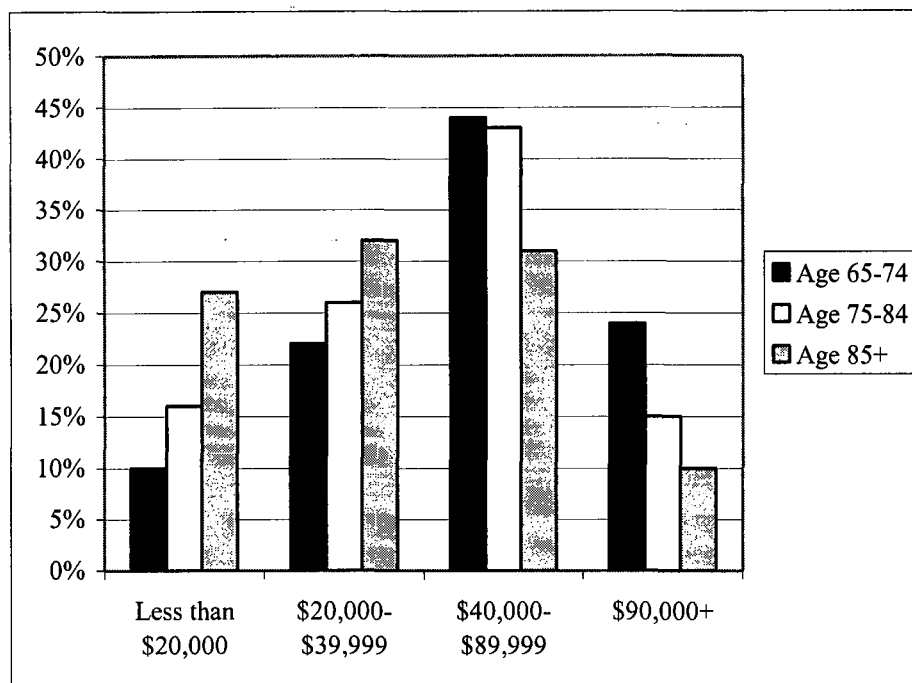
Maryland Department of Planning, Planning and Data Services, September 2001

Income. Low income seniors will need financial assistance as they age and require supportive services. In May 2001, M-NCPPC reported that approximately 14% of senior households have incomes of 30% or less of the median income. Another 24% have incomes of 30% to 60% of the median income.

Graph 4 (page 24) shows data from the 1996 Census Update on income for households headed by persons 65 and older in Montgomery County⁷. The table indicates that household income decreases with age. Approximately 27% of households headed by a senior 85 years or older had incomes less than \$20,000, compared to 10% of households headed by a senior between 65 and 74 years of age.

⁷ M-NCPPC will have updated data on senior income based on the 2000 Census in March 2002.

Graph 4 - Household Income for Households Headed by Persons Age 65+ in Montgomery County, 1996



1997 Census Update Survey, Montgomery County Department of Park and Planning, Research and Technology Center, January 2001

Household Size and Type. Aging and Disability Services aims to maintain seniors and people with disabilities in the least restrictive environment, which is typically their own homes. The 2000 Census indicates that only 4% of County residents over 65 years of age resided in nursing homes. Approximately 2% of County residents over 65 years of age resided in group homes in the community.

Household size impacts service needs because seniors living alone are more likely to need assistance with daily activities in the home and are more likely to move into an assisted living or nursing facility. Table 11 provides 2000 Census data on household size for seniors 65 years and older and 75 years and older. The 2000 Census indicates that 36% of seniors 65 and older live in one-person households, and 44% of people 75 years and older live in one-person households. This means that over 15,000 County residents over 75 years of age lived alone in 2000.

Table 11 - Household Size of People 65+ Living in Montgomery County, 2000

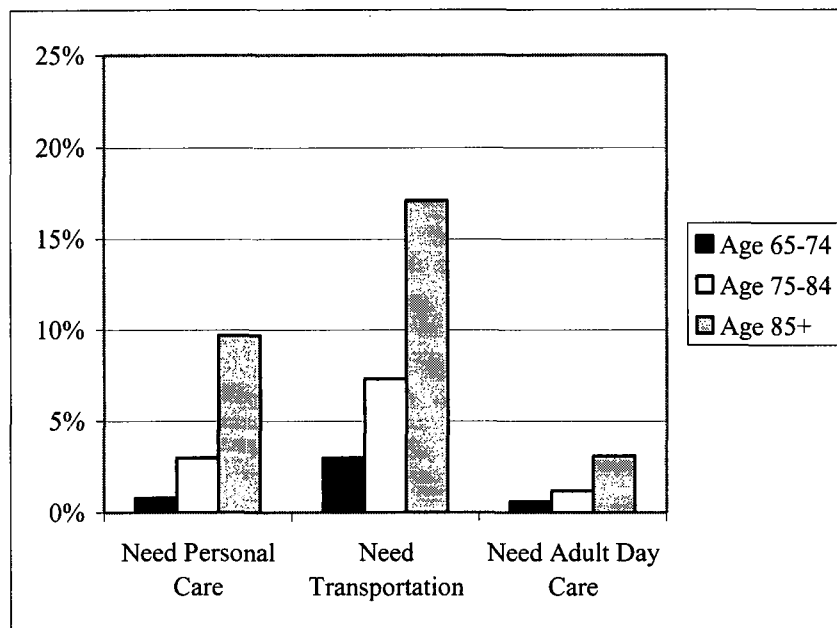
	Age 65+	%	Age 75+	%
1 Person Households	25,022	36%	15,431	44%
2 Persons or More	43,897	64%	19,801	56%
Total	68,919	100%	35,232	100%

Census 2000, US Census Bureau, June 2001, Produced by the Maryland Department of Planning, Planning Data Services

Service Needs. In general, as individuals age, their service needs increase. Data indicate that seniors 85 years and older have two to eight times the number of significant care needs. The National Aging Information Center anticipates that over the next 15 years the number of seniors in the 85 and over age group will grow four times faster than the 65 to 84 age group.

M-NCPPC and DHHS data provide some information about potential future service needs. Graph 5 illustrates M-NCPPC data from the 1997 Census update on adult day care, transportation, and personal care needs⁸. At that time, transportation services were the most significant need in all three age categories. These needs will likely exist in future years as well.

Graph 5 - Percent of County Residents 65+ with Specific Care Needs, 1997



1997 Census Update Survey, Montgomery County Department of Park and Planning, Research and Technology Center, January 2001

DHHS projected future needs in selected service areas. Table 12 (page 26) shows the anticipated number of Adult Protective Services assessments, In-Home Aide Service requests, and Information and Assistance calls through 2020. By 2030, DHHS projects the need for those services to increase 119%, 118%, and 119%, respectively.

DHHS notes that improvements in health care allow people with disabilities to remain in the community for longer periods of time, resulting in an increased need for home and community-based services. In addition, sedentary lifestyles and high incidences of obesity lead health researchers to predict that future service needs related to diabetes, arthritis, and heart disease will increase.

⁸ M-NCPPC will have updated data on senior service needs from the 2000 Census in March 2002.

Table 12 – Projected Growth in Service Needs, 2005-2030⁹

	2005		2010		2015		2020	
	#	% increase over 2000	#	% increase over 2000	#	% increase over 2000	#	% increase over 2000
APS Assessments	577	8%	644	21%	754	41%	884	65%
IHAS Clients	577	7%	644	20%	754	40%	884	65%
I & A Calls	24,871	8%	27,771	21%	32,478	41%	38,079	65%

Department of Health and Human Services, Aging and Disability Services, January 2002

Housing Needs. In May 2001, M-NCPPC released Need for Housing for Older Adults in Montgomery County. This report provides detailed information about the need for and supply of housing for seniors in Montgomery County. The report notes that Montgomery County offers a full array of senior housing to its residents. Table 13 shows the six types of housing available, the number of facilities and units, and the number of subsidized units.

Table 13 – Senior Housing Available in Montgomery County, May 2001

Type	Facilities	Units/Beds	Subsidized Units (Estimate)
Active Adult (Leisure World)	1	4,750	None
Independent	27	4,223	3,134
Assisted Living	14	1,546	220
Continuing Care Retirement Community (CCRC) /Life Care	6	2,160	100
Group Homes	68	532	Unknown
Nursing Homes	40	5,030	NA
Total	156	18,241	3,454

Source: Need for Housing for Older Adults in Montgomery County, M-NCPPC, May 2001

According to M-NCPPC, the County appears close to achieving an appropriate supply of housing for its older residents. On the whole, the County has a good mix of levels of care and serves a variety of income levels. **However, M-NCPPC reports an insufficient supply of assisted living units for low and very low-income persons and independent living units for low and moderate-income households.**

⁹ The projections assume that the same percentage of County residents that currently require services will require services in future years.

M-NCPPC reports that market rate units tend to be expensive, with monthly costs ranging from \$1,000 to \$4,000. Therefore, low and very-low-income senior households have few senior housing choices. **The largest gap is in assisted living units for low-income seniors. Only about 22 percent of assisted living units are subsidized.**

Most of the County's subsidized senior housing is for those capable of independent living. Almost three-fourths of the independent rental units are for low-income people. In addition to subsidized senior housing facilities, the County offers direct financial assistance for 1,215 individuals and households in the form of Section 8 Housing Vouchers or Montgomery County Rental Assistance. This direct financial assistance is generally used to pay for independent living units.

M-NCPPC also found that the geographic distribution of Montgomery County's senior housing and older population match quite well. Both are concentrated down-County and along the I-270 corridor. The population aged 75 and over is especially concentrated around and inside the Beltway and along MD-355 from Friendship Heights to Bethesda.

The report concludes that to accommodate both growth and the needs of under-served segments of the population, the County needs an average of 200 to 250 new senior housing units each year for the next 10 years. If more than an average of 150 units is built each year, the additional units should be subsidized and serve low-income and middle-income people who can live independently or in assisted living facilities.

B. The State Medical Assistance Waiver for Older Adults

In January 2001, the Federal government granted the State of Maryland a Medicaid Home and Community Based Services Waiver for Older Adults, or a Medical Assistance Waiver. It permits the State to use Federal funds to provide services that allow individuals, who meet certain criteria, to remain in the community when their disabilities would otherwise warrant placement in a long-term care facility. The goal of this program is to save money by allowing individuals, who meet the standard for publicly-funded nursing home care, to remain in the community (e.g., in their own home, family member's home, foster care, or group home).

To be eligible for consideration, applicants must be at least 50 years old, meet income eligibility requirements, and Medicaid's long-term care admission criteria (nursing home level of care). Care plans must be deemed safe and cannot exceed an annual cost of \$45,750, the cost of placement within a long-term care facility. Covered services include assisted living, personal care, environmental accessibility adaptations, assistive devices, behavior consultation services, respite care, home delivered meals, diet and nutritional services, family and consumer training, home health services, and senior center plus services.

The Federal government has capped the number of people who can receive services under this Waiver. From January 1, 2001 through June 30, 2002, the State can admit 1,035 people. By the end of FY 2005, the State cannot exceed 7,500 people. People are admitted on a first-come, first-serve basis.

DHHS recently began implementing the Waiver. The Department reported in spring 2001 that some people currently served with local funds in the assisted living and home care programs would qualify for Federal funds under the Waiver. At that time, the Executive proposed and the Council approved a plan to replace \$203,870 of General Fund dollars with Federal Medical Assistance Waiver funds. The majority of these Federal funds are paid directly to private providers and not appropriated through the County government. To leverage \$11 million in Federal funds paid directly to providers, the County invested \$200,000 for administrative costs in FY 2002.

VI. Input from Stakeholders

Legislative staff met with the Executive Committees of the Commission on Aging and the Commission on People with Disabilities to elicit their viewpoints on this Intensive Budget Review and to discuss budget priorities. Members of both Commissions believe that there are many unmet service needs.

Each Commission establishes a list of budget priorities annually to share with the County Executive and Council. The Commission on Aging prioritizes within the list, while the Commission on People with Disabilities states that all requests are of equal importance. The FY 2003 budget priorities for the Commission on Aging and the Commission on People with Disabilities are attached at ©13 and ©18, respectively.

Both Executive Committees stated that they want the County to be proactive in its spending and program development by looking ahead to projected needs. They do not think that dollars should be cut from existing programs or shifted among existing programs. The Commission on Aging acknowledged that the County needs to focus on the needs of seniors at risk of abuse and neglect, but emphasized that the needs of other seniors must not be ignored.

The Executive Committee of the Commission on People with Disabilities explained that if all the items on its list of budget priorities could not be funded, it would not completely eliminate any particular request. Rather, it would review the entire list and reduce the amount of recommended funding for some or all of the items. Members addressed the importance of balancing priorities, eliminating the waiting list for assessment services, and providing accessible and affordable housing.

In addition, the Commission for People with Disabilities addressed the need for a single point of entry for services for children with disabilities. While the Department serves adults through the Information and Assistance Unit and Assessment Services Unit, the Commission pointed out that there is not a comparable centralized information and evaluation service available for children with disabilities.

VII. Framework for Identifying Priorities

This part of the report presents the \$15.3 million County dollars in a framework that the Council can use to identify priorities and make funding decisions.¹⁰ The framework presents the County dollars along two dimensions: 1) key result or goal of the service and 2) purpose of the funds. The detailed framework is attached beginning at ©19. A summary of the framework is at page 32. A graphic illustration of the dollars in the framework can be seen in Graph 6 and 7 (page 33).

A. Key Results

The key results were adopted from DHHS' Measuring Progress: A Strategy to Get Results. Aging and Disability Services assigns all programs that have performance measures to one of the key results in Measuring Progress. If a service or program does not appear in Measuring Progress, Legislative staff worked with DHHS to identify the appropriate key result or goal. Services that span multiple key results were assigned to a single key result based on the primary purpose or goal of the program.

The framework includes the following key results:

- **Key Result 1. Residents who are elderly or have disabilities are protected from abuse and neglect.** This key result ensures the safety of vulnerable seniors and adults with disabilities. It addresses State and Federally mandated programs that identify, address, and prevent abuse and neglect. The two major programs under this key result are Adult Protective Services and Ombudsman Services.
- **Key Result 2. Residents who are elderly or have disabilities are able to reside in the least restrictive environment.** Programs under this key result provide supportive services to help individuals reside safely in their own homes, family member's homes, foster homes, or group homes. Generally, the State does not mandate these programs, but administers them to enhance or maintain safety for those living in the community. This key result includes grants to providers who serve adults with developmental disabilities (\$5.4 million), funds for In-Home Aide Services (\$1.6 million), and funds for respite care (\$636,000).
- **Key Result 3. Improved health for seniors and people with disabilities.** This key result includes programs that maintain and improve physical and mental health. Dental health, mental health, and food programs are included under this key result.

¹⁰ The framework excludes \$22,863 of miscellaneous operating expenses appropriated to Aging and Disability Services.

- **Key Result 4. Seniors and adults with disabilities are able to maintain independence.** The programs under this key result provide services that promote independence and self-sufficiency for people who are already established in a least restrictive environment. This key result is distinct from Key Result 2 (Residents who are elderly or have disabilities are able to reside in the least restrictive environment) because it does not address *safety* as the primary goal. Examples of programs under Key Result 4 include transportation to senior centers, assistance completing forms, and supported employment.
- **Key Result 5. Seniors and adults with disabilities are able to increase their quality of life.** The programs under this key result provide services to people who are already deemed safe, independent, and self-sufficient. Programs under Key Result 5 are not necessary to guarantee the safety and welfare of individuals, but do improve quality of life. Examples include training, life skills, and social interaction.

The framework also presents a sixth Key Result for County funds associated with Program planning, evaluation, and policy development. This key result is not included in DHHS' Measuring Progress document.

Multiple factors need to be taken into account when reviewing and using this framework. First, in order to construct a clear framework for Council use it was necessary to assign programs to a single key result. Legislative staff notes that classifying a program by a single key result does not convey the full range of outcomes provided by a program. By necessity and design, most Aging and Disability Services programs address multiple key results or outcomes.¹¹ Legislative staff also recognizes that there are inextricable interconnections among the Aging and Disability Services programs. As a result, changes to one program can impact other programs and goals.

Second, Legislative staff encourages the consideration of preventive aspects of the Aging and Disability Services programs. While prevention is not one of the Department's key results, Council and DHHS staff view prevention as a component of multiple Aging and Disability Services programs. Prevention interventions are important from both a policy and budgetary perspective. Progressive policy and practice in the social service and health care arenas increasingly direct funds away from costly acute and intensive care interventions, in favor of health promotion and prevention efforts. Preventive interventions have significant cost-benefit to seniors and people with disabilities.

¹¹ In-Home Aide Services provides a good example. The Department placed it under Key Result #2 – Residents who are elderly or have disabilities are able to reside in the least restrictive environment. However, over 90 percent of the IHAS care plans list preventing abuse and/or neglect as a primary goal of service (Key Result #1). In-Home Aide Services also helps individuals maintain independence (Key Result #4) and improve client health (Key Result #3).

B. Purpose of the Funds

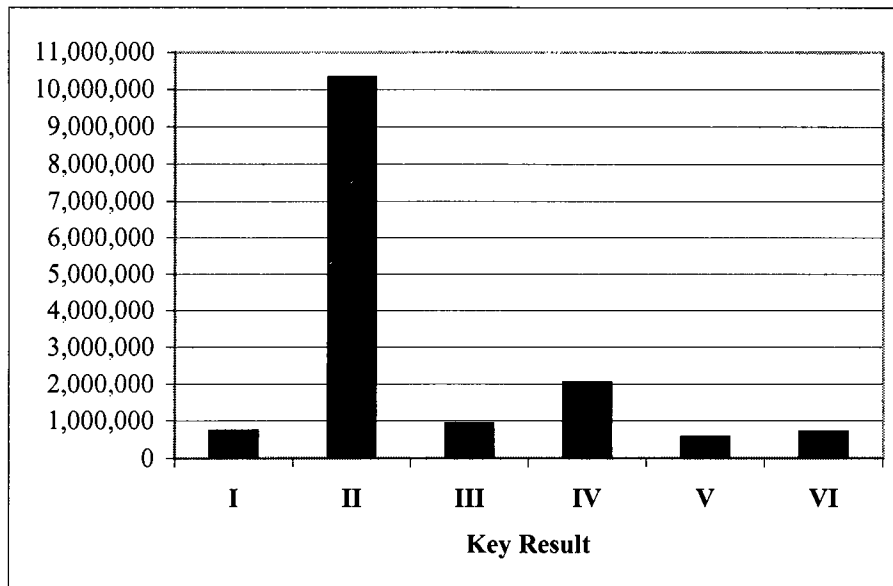
The \$15.3 million of County General Fund dollars are also broken into four tiers that indicate the purpose of the funds. The amount of control or flexibility the Council has in how those funds are spent increases from Tier 1 to Tier 4. The tiers include:

- **Tier 1. County Funds to Support HB 669 Positions.** As described on page 14, the County has agreed to provide positions for each of these State funded position matches. In many cases, the County's merit system pay scale requires the County to provide some additional General Fund compensation. Without changing its current decision to classify each State funded position in the County merit system, the Council cannot change the amount of funds under this tier.
- **Tier 2. County Funds Required as a State or Federal Match.** The County funds under this tier leverage State or Federal funds. The Council can change how these dollars are expended, but would need to account for the impact of lost Federal and State revenue.
- **Tier 3. County Funds to Supplement State and Federal Programs.** The Council has flexibility to change the funding under this tier. This tier is divided into two categories:
 - a) Funds to pay for services not covered by the State or to fund higher payment rates. For example, the State does not reimburse providers for administrative costs associated with serving adults with disabilities nor does it cover the full cost of assisted living for low-income seniors.
 - b) Funds to purchase additional quantities of services. For example, the State does not provide adequate funding levels to serve all people eligible for home care and respite care service. The County provides local funds to purchase additional hours of home care and respite care, to serve additional individuals, and decrease the waiting list for services.
- **Tier 4. County Funds for County Initiatives or Programs.** These dollars pay for County initiatives that are not dependent on State or Federal funding. The Council can change how the County uses these dollars. Examples include:
 - The senior dental program,
 - Mental health services for which the State claims no responsibility,
 - The handicapped rental assistance program,
 - Program Transportation, and
 - Numerous grant programs to enhance the quality of life of seniors and people with disabilities.

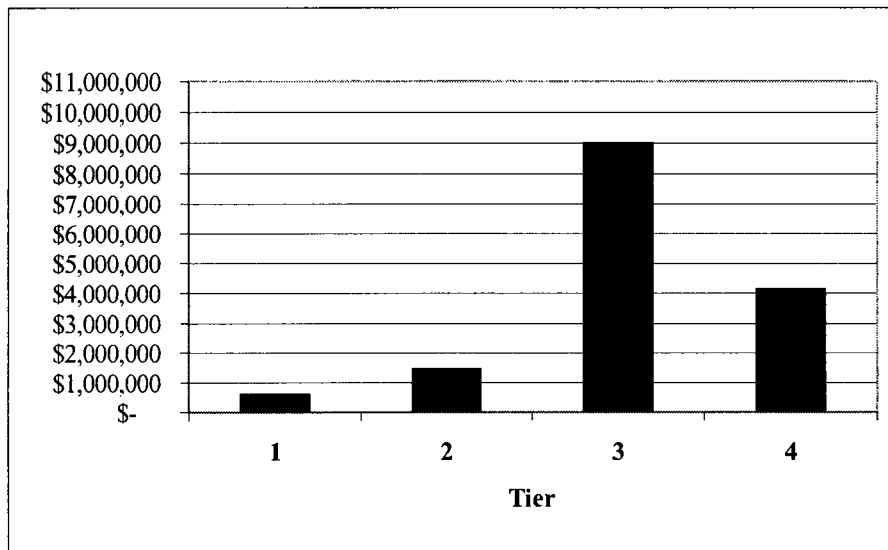
Table 14 – Summary Framework for Identifying Priorities (‘000s)

	<u>Key Result I:</u> Residents who are elderly or have disabilities are protected from abuse and neglect	<u>Key Result II:</u> Residents who are elderly or have disabilities are able to reside in the least restrictive environment	<u>Key Result III:</u> Improved health for seniors and people with disabilities	<u>Key Result IV:</u> Seniors and adults with disabilities are able to maintain independence	<u>Key Result V:</u> Seniors and adults with disabilities are able to increase their quality of life	<u>Key Result VI:</u> Program planning, evaluation, and policy development	Total \$	Total %
<u>Tier 1:</u> County Funds to Supplement HB 669 Positions	\$116	\$290	\$81	\$84	\$0	\$40	\$611	4%
<u>Tier 2:</u> County Funds Required under a Federal/State Match	\$358	\$851	\$60	\$104	\$0	\$125	\$1,498	8%
<u>Tier 3A:</u> County Funds to Supplement State Programs the State does not Adequately Reimburse	\$27	\$5,533	\$0	\$0	\$0	\$0	3A \$5,560	3A 37%
<u>Tier 3B:</u> County Funds to Supplement State Programs to Provide More Service	\$228	\$2,744	\$111	\$364	\$0	\$0	3B \$3,447	3B 23%
<u>Tier 4:</u> County Funds to Support County Programs/Initiatives	\$0	\$898	\$674	\$1,478	\$560	\$531	Total \$9,007	Total 60%
Total \$	\$729	\$10,316	\$926	\$2,030	\$560	\$696	\$15.3 million	-
Total %	5%	67%	6%	13%	4%	5%	-	100%

Graph 6 - Proportion of County General Funds in Key Results 1 through 6



Graph 7 - Proportion of County General Funds in Tiers 1 through 4



VIII. Summary of Findings

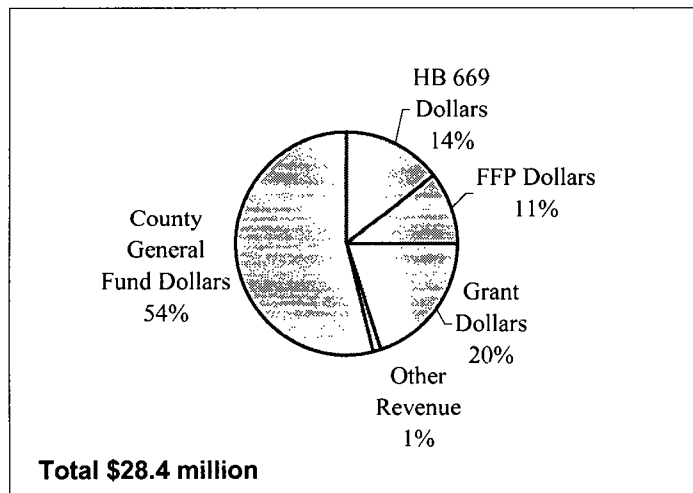
This section outlines ten findings. The first six findings summarize how local dollars are spent within the Aging and Disabilities Service Area. Finding seven addresses performance measurement. Findings eighth and nine present demographic data. Finding ten presents the viewpoints of the Commission on Aging and the Commission on People with Disabilities.

Finding 1. The Council appropriated \$28.4 million for Aging and Disability Services in FY 2002.¹² Approximately \$15.3 million (54%) of the total represents County General Funds.

Graph 8 illustrates the sources of the \$28.4 million appropriation. It includes:

- \$15.3 million in County General Fund dollars;
- \$5.7 million in Federal and State grant dollars;
- \$4.1 million in State House Bill 669 dollars - HB 669 resulted in a legal agreement that obligates the County to provide State social services. These State funds are appropriated through the County.
- \$3.0 million in Federal Financial Participation dollars – FFP dollars are revenue from the federal government for certain eligible positions and operating expenses; and
- \$322,000 of other revenue.

Graph 8 - Aging and Disability Services Funding Sources, FY 2002



¹² On November 27, 2001, the Council appropriated an additional \$1.697 million for providers who serve people with developmental disabilities. This supplemental appropriation increased the DHHS FY 2002 annual budget from to \$26.7 million to \$28.4 million.

Finding 2. Of the \$15.3 million of County General Funds in Aging and Disability Services, 78% pays for operating expenses (including contracts with providers) and 22% pays for positions.

Table 15 and Graph 9 (pages 35 and 36) show the \$15.3 million of County funds broken down by categories of personnel and operating expenses. In sum:

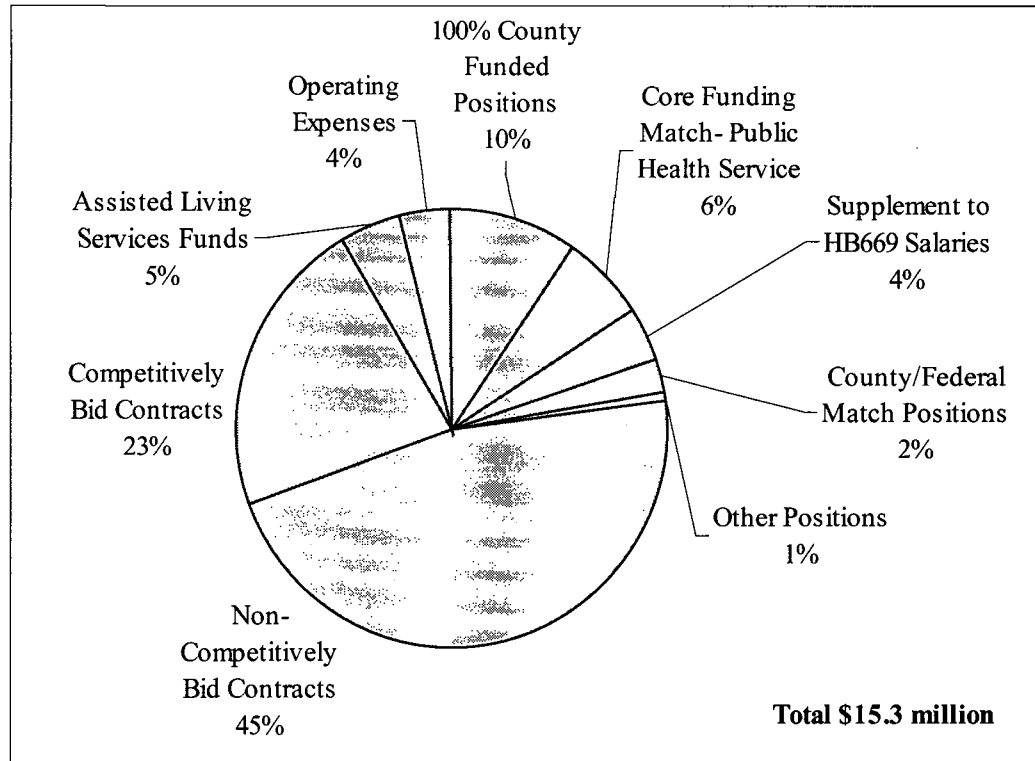
- The majority of the operating dollars, \$10.5 million, fund contracts that deliver services to seniors and people with disabilities.
- Approximately \$7 million of the \$10.5 million in contracts are non-competitively bid.
- Approximately \$5.4 million of the contracted dollars fund grants to providers of services to people with developmental disabilities. These funds are appropriated for providers' administrative expenses because the State reimbursement rate does not cover the cost of these services.
- Approximately 22% or \$3.5 million of the County dollars fund personnel expenses. Approximately \$1.5 million of the personnel dollars pay for 20.8 workyears that are fully County-funded. Another \$980,000 fund 13 positions as a match for a Public Health Core Funding Grant.
- The remaining personnel dollars supplement State HB 669 positions (\$611,000) and share the cost of 11.35 workyears with the Federal Government (\$367,000).

Table 15 - Categories of Personnel and Operating Dollars, FY 2002

Personnel	FY 2002 Dollars	Percent of Total
100% County-Funded Positions	\$1,464,295	10.0%
Core Funding Match- Public Health Service	\$979,836	6.0%
Supplement to HB 669 Salaries	\$611,491	4.0%
50% County/50% Federal Match Positions	\$367,293	2.0%
Other Positions ¹³	\$77,512	0.5%
Subtotal	\$3,500,427	22%
Operating		
Non-Competitively Bid Contracts	\$7,036,351	46.0%
Competitively Bid Contracts	\$3,450,636	23.0%
Assisted Living Services Funds	\$688,140	5.0%
Operating Expenses (e.g., flex funds, vouchers)	\$580,530	4.0%
Miscellaneous (e.g., office supplies, training)	\$22,863	0.1%
Subtotal	\$11,778,520	78.0%
TOTAL	\$15,278,947	100%

¹³ Other Positions represent 3.0 WYs funded with a combination of County, FFP, and grant dollars.

Graph 9 - Categories of County Funds Appropriated to Aging and Disability Services, FY 2002



Finding 3. Legislative staff found that the Council needed a framework for understanding and using Aging and Disability funding information in policy and decision making. Staff placed the \$15.3 million dollars of County funds in a framework based on: 1) the program’s key results or outcome; and 2) the purpose of the funds.

The key results were adopted from DHHS’ Measuring Progress: A Strategy to Get Results. The framework includes the following key results:

- **Key Result 1. Residents who are elderly or have disabilities are protected from abuse and neglect;**
- **Key Result 2. Residents who are elderly or have disabilities are able to reside in the least restrictive environment;**
- **Key Result 3. Improved health for seniors and people with disabilities;**
- **Key Result 4. Seniors and adults with disabilities are able to maintain independence;**

- **Key Result 5. Seniors and adults with disabilities are able to increase their quality of life; and**
- **Key Result 6. Program Planning, Evaluation, and Policy Development**
(This key result is not included in DHHS' Measuring Progress document.)

In order to construct a clear framework for Council use it was necessary to assign programs to a single key result. Legislative staff notes that classifying a program by a single key result does not convey the full range of outcomes provided by a program. Legislative staff also recognizes that there are inextricable interconnections among the Aging and Disability Services programs. While prevention is not one of the Department's key results, Council and DHHS staff view prevention as a component of multiple Aging and Disability Services programs. In reviewing the framework, Legislative staff encourages the consideration of preventive aspects of the Aging and Disability Services programs.

The \$15.3 million of General Fund dollars are also broken into four tiers that indicate the purpose of the funds. Generally, the amount of control or flexibility the Council has in how those funds are spent increases from Tier 1 to Tier 4. The tiers include:

- **Tier 1. County Funds to Support HB 669 Positions;**
- **Tier 2. County Funds Required as a State or Federal Match;**
- **Tier 3. County Funds to Supplement State and Federal Programs.** This tier is divided into two categories:
 - a) Funds to pay for services for which the State does not reimburse or funds to increase the payment rates for services above the current State rates, and
 - b) Funds to purchase additional quantities of services.
- **Tier 4. County Funds for County Initiatives or Programs.**

Finding 4. Legislative staff placed the \$15.3 million of County General Funds in the framework. In terms of the use of funds, 60% of County dollars supplements State programs or services. In terms of key results, 67% of the County dollars pays for programs to help seniors and people with disabilities reside in the least restrictive environment.

Table 16 (page 40) summarizes the framework. The detailed framework is attached at ©19. In terms of the purpose of the funds, significant findings on FY 2002 spending include:

- The County spent only 12% of the \$15.3 million to supplement State HB 669 position salaries and to match Federal or State funds (Tier 1 and Tier 2);
- The County spent \$ 9.0 million (60% of the total County dollars) in FY 2002 to supplement State programs that are either inadequately funded to meet Montgomery County costs or are insufficient in quantity to meet the service demand (Tier 3);
- The County invests another \$4.2 million for County initiatives in FY 2002 (e.g., the Senior Dental Program, training, enhancement of life skills) (Tier 4); and
- County dollars to supplement State programs and fund County initiatives in FY 2002 totaled \$13.2 million or 88% of the total. The Council has the most discretion over spending in these two areas. (Tiers 3 and 4).

In terms of key results, significant findings on FY 2002 spending include:

- Over half of the total County dollars, \$10.3 million, pays for programs that support the key result to help seniors and people with disabilities reside in the least restrictive environment (their own homes, family member's homes, foster homes, or group homes). Approximately half of the dollars under this key result, \$5.5 million, pays for grants to providers who serve adults with developmental disabilities. This key result also includes \$1.5 million for home care services that help seniors and people with disabilities to remain at home (Key Result 2);
- Another \$2 million, or 13% of the total, are allocated to programs and services that help seniors and adults with disabilities maintain independence. These programs serve people who are already established in a least restrictive environment. They include services such as transportation to senior centers, supported employment, and assistance completing forms and applications (Key Result 4);

- Programs that increase quality of life for seniors and adults with disabilities (e.g., provide social interaction, teach computer skills and life skills) are fully County-funded and represent approximately 4% or \$560,000 of the \$15.3 million County dollars (Key Result 5);
- Only 5% of the County dollars pays for programs to protect seniors and adults with disabilities from abuse and neglect. These adult protective service programs are mandated, and primarily funded, by the State and Federal governments (Key Result 1);
- Approximately 60% of funds for programs to help seniors and people with disabilities remain in the least restrictive environment are provided to contractors non-competitively. Approximately 73% of the dollars in programs that increase quality of life fund non-competitive contracts. (Key Result 2 and 5).

Finding 5. In the future, the Medical Assistance Waiver for Older Adults will impact the funding of services for seniors and people with disabilities over the age of 50.

In January 2001, the State received a Waiver from the Federal government that allows the State of Maryland to use Federal funds to provide services that help individuals remain in the least restrictive environment (their own homes, homes of family members, or assisted living facilities). This new funding source is significant given that DHHS spent approximately \$10 million County dollars in FY 2002 to help vulnerable individuals to remain in the least restrictive environment.

Eligible individuals must be at least 50 years old and meet income and medical requirements. There is a State-wide cap of 7,500 participants by the end of FY 2005.

Last year DHHS anticipated that this waiver would bring an additional \$11 million to the County to fund community-based services for eligible individuals. To leverage these Federal funds, which the State pays directly to providers, the County needed to contribute \$200,000 for its share of administrative costs. The Council approved this plan, and the Department is assessing clients to determine if they qualify for the Medical Assistance Waiver funds.

Table 16 – Summary Framework for Identifying Priorities ('000s)

	Key Result I: Residents who are elderly or have disabilities are protected from abuse and neglect	Key Result II: Residents who are elderly or have disabilities are able to reside in the least restrictive environment	Key Result III: Improved health for seniors and people with disabilities	Key Result IV: Seniors and adults with disabilities are able to maintain independence	Key Result V: Seniors and adults with disabilities are able to increase their quality of life	Key Result VI: Program planning, and evaluation, and policy development	Total \$	Total %
Tier 1: County Funds to Supplement HB 669 Positions	\$116	\$290	\$81	\$84	\$0	\$40	\$611	4%
Tier 2: County Funds Required under a Federal/State Match	\$358	\$851	\$60	\$104	\$0	\$125	\$1,498	8%
Tier 3A: County Funds to Supplement State Programs the State does not Adequately Reimburse	\$27	\$5,533	\$0	\$0	\$0	\$0	3A \$5,560	3A 37%
Tier 3B: County Funds to Supplement State Programs to Provide More Service	\$228	\$2,744	\$111	\$364	\$0	\$0	3B \$3,447	3B 23%
Tier 4: County Funds to Support County Programs/Initiatives	\$0	\$898	\$674	\$1,478	\$560	\$531	\$4,141	28%
Total \$	\$729	\$10,316	\$926	\$2,030	\$560	\$696	\$15.3 million	-
Total %	5%	67%	6%	13%	4%	5%	-	100%

Finding 6. The Department has maximized its opportunities to offset local costs with Federal and State dollars. It accomplishes this by piggy-backing on the State's application for Federal matching funds (FFP) and supplanting local dollars with State HB 669 dollars when available.

This Intensive Budget Review examined each position funded with County dollars to determine whether outside funding sources were maximized to offset costs. This review found that the Department has fully utilized both Federal and State funds to reduce local costs. To capture FFP dollars for positions that supplement DHR functions (such as Home Care, Continuing Case Management, and Adult Foster Care), the Department piggy-backs on the State's application to the Federal government for matching funds. In addition, the Department supplants local dollars whenever the State increases its funding for DHR positions.

Finding 7. To date, the Department has used performance measures in a limited way for budget and policy decisions. DHHS and Legislative Branch staff agree that while performance measurement is only one component of decision-making, it is an integral part of deciding how public dollars should be spent.

Legislative staff agrees with the Department's conclusion that measuring performance, particularly outcomes, requires on-going development and revision. The Department has been working on this effort for several years and has made progress in laying the foundation of what should be measured and how to measure it. Currently, Aging and Disability Services publishes performance measures for ten programs and is in the process of developing measures for six additional programs.

Whereas the initial measures primarily focused on Department managed programs, current efforts include developing measures for contracted programs. Legislative staff note that it is critical to focus on the performance of contractors since they will receive \$10.5 million in FY 2002 to provide services to seniors and people with disabilities.

Moving to the next step of using performance information to guide policy and budget decisions is necessary in a system of accountability. By Department staff's own account, it has made limited progress in this area to date. Aging and Disability Services recently hired a data manager to support the development and use of performance measures. The data manager will use performance data in research and analysis, to be applied in policy and budget decision-making. It is expected that the addition of the data manager will enhance the productive use of measurement data.

Finding 8. The number of seniors residing in Montgomery County is projected to increase from 98,157 in 2000 to 162,430 in 2020, or from 11% to 16% of the total County population. The need for services is likely to increase as more seniors reach 75 years and older.

Census data indicate that:

- To remain safely in the community, approximately 27% of seniors in Montgomery County need transportation, 15% need personal care, and 6% need adult day care;
- Income decreases as the population ages. Approximately 27% of senior households over the age of 85 have incomes less than \$20,000, compared to 10% of senior households between 65 and 74 years of age; and
- In 2000, only 4% of the seniors in Montgomery County lived in nursing homes and 2% lived in group residences. An April 2001 M-NCPPC Housing study found that Montgomery County needs subsidized independent housing and assisted living units for seniors.

Finding 9. Demographic information on people with disabilities is limited. Census 2000 data indicate that 11 percent of all County residents has a disability. Approximately 34 percent of Montgomery County residents over 65 years old has a disability.

According to Census 2000 data from M-NCPPC, there are approximately 92,000 people in Montgomery County with a disability. Of the total people with a disability, approximately 31,000 are over 65 years of age. Approximately 53% of people with a disability have difficulty hearing conversation, 47% have difficulty seeing words and letters, and 33% have an emotional disability.

Finding 10. The Commission on Aging and the Commission on People with Disabilities select budget priorities annually. The Executive Committees of both Commissions report that there are unmet needs and support increased funding to fill these gaps.

Legislative staff met separately with the Executive Committees of the Commission on Aging and the Commission on People with Disabilities to discuss FY 2003 budget priorities. Members of both Commissions believe that there are many unmet needs. Each Commission establishes a list of priorities annually to present to the County Executive and the County Council. The Commission on Aging prioritizes within the list while the Commission on People with Disabilities states that its requests are of equal priority. Members of both Executive Committees expressed support for increased funding and opposition to reductions or shifts among existing programs. They also encourage the County to take a proactive approach to spending and program development by looking ahead to projected needs.

IX. RECOMMENDATIONS

Legislative staff recommends that the Council:

Recommendation 1. Use this report as a framework for budget review and decision making in FY 2003 and future fiscal years.

Legislative staff recommends that the Health and Human Services Committee and the full Council use this document as a resource during FY 2003 budget worksessions. Specifically, Councilmembers can use the report to:

- Assess whether the FY 2002 spending for seniors and people with disabilities is in line with Council priorities;
- Determine whether the Executive's FY 2003 recommended spending addresses the Council's priorities;
- Identify the dollars that the Council has the most discretion with for FY 2003 budget decision making; and
- Identify areas where the County should aggressively pursue State funds.

Legislative staff also recommends that the Council update the funding data provided in this report annually and continue to use the information for budget and policy decision making over time.

Recommendation 2. Designate safety of vulnerable adults as the Council's top priority for serving the needs of seniors and people with disabilities.

In Legislative staff's view, it is most important to fund programs that ensure the safety of vulnerable seniors and people with disabilities. DHHS' Measuring Progress includes Key Results #1 and #2 under the community outcome of Children and Vulnerable Adults are Safe.

Recommendation 3. If circumstances indicate that vulnerable adults are at risk, re-allocate funds from programs whose primary goal is to increase quality of life (Key Result #5), to programs that keep vulnerable adults safe (Key Results #1 and #2).

Legislative staff acknowledges the importance of each key result in achieving an integrated system of services that ranges from prevention to intervention. For this reason, there needs to be careful consideration of consequences of shifting funds among categories. However, if circumstances indicate that vulnerable adults are at risk in FY 2003, Legislative staff recommends increases to Key Results #1 and #2 (e.g., home care, adult foster care, respite care, and grant funds to providers of services to the developmentally disabled).

Legislative staff supports an in-depth review of dollars under Key Result #5, as a first step to identifying resources for shifting. These programs primarily enhance the quality of life for people who are healthy and already live safely and independently in the least restrictive environment. FY 2002 dollars in Key Result #5 totaled \$560,000, the majority of which fund non-competitively bid contracts.

Recommendation 4. The Council request the Department of Health and Human Services to report annually on the impact of the new Medical Assistance Waiver for Older Adults.

Some adults that DHHS serves with local funds in community-based programs qualify for Federal funds under the Medical Assistance Waiver for Older Adults. DHHS is identifying those individuals that qualify. Staff recommends that the Council request DHHS to report annually on the impact of the Waiver, including:

- The amount of savings the County accrues from the Waiver,
- How the Department uses the savings, and
- The effectiveness of the Department's strategy and infrastructure for maximizing this new Federal funding source.

DHHS is reformatting the system for coordinating services to make the Federal Government the "payer of first choice" when clients qualify for the Medical Assistance Waiver for Older Adults. DHHS should report to the Council on the effectiveness of its strategy, as well as the amount of savings that results and the use of the savings.

Recommendation 5. Aggressively seek additional State funding, and develop a policy for the use of local funds to supplement or expand services.

Legislative staff recommends that the Council continue to advocate for additional State funding when current levels do not meet demand. In FY 2002, the Council provided \$9.0 million to supplement State funds for Aging and Disability Services. Of the total, \$5.56 million pay for services not covered by the State or funds higher payment rates. Approximately \$3.45 million purchase additional quantities of services.

The HHS Committee is currently reviewing the Health and Human Services Policy. It is actively working to incorporate changes that would guide policy decisions on the use of local funds. Legislative staff supports the expansion of the Health and Human Services Policy to include policy guidance on the use of local funds to supplement programs primarily paid for with other funding sources.

Recommendation 6. Request the Management and Fiscal Policy Committee to review the current system of awarding contracts non-competitively.

In FY 2002, non-competitively bid contracts represent \$7.0 million or 46% of the County funds allocated to services for seniors and people with disabilities. Non-competitive contracts are awarded when the contract serves a public purpose and benefits

the public's interest, and/or when the provider is the only organization able to provide the service. There is no policy for how long a contractor can receive funds through a non-competitive contract.

While the Department reviews each contract annually to determine whether to recommend continued funding, Legislative staff believes that the process could be improved. Staff found that the majority of the contractors do not provide outcome data that DHHS can use to assess the effectiveness and efficiency of the services provided. In addition, the current protocol does not encourage other providers to compete for the public funds.

Legislative staff recommends that the MFP Committee consider ways to improve the system of reviewing non-competitively bid contracts. For example, the MFP Committee could pursue a system of periodic bidding of non-competitive contracts to assure accountability and provide an opportunity to identify additional service providers.

Recommendation 7. Request DHHS to provide additional information on the needs of seniors and people with disabilities as it becomes available, and indicate when performance measures will be available for all programs or program elements within the service area (including contracted programs).

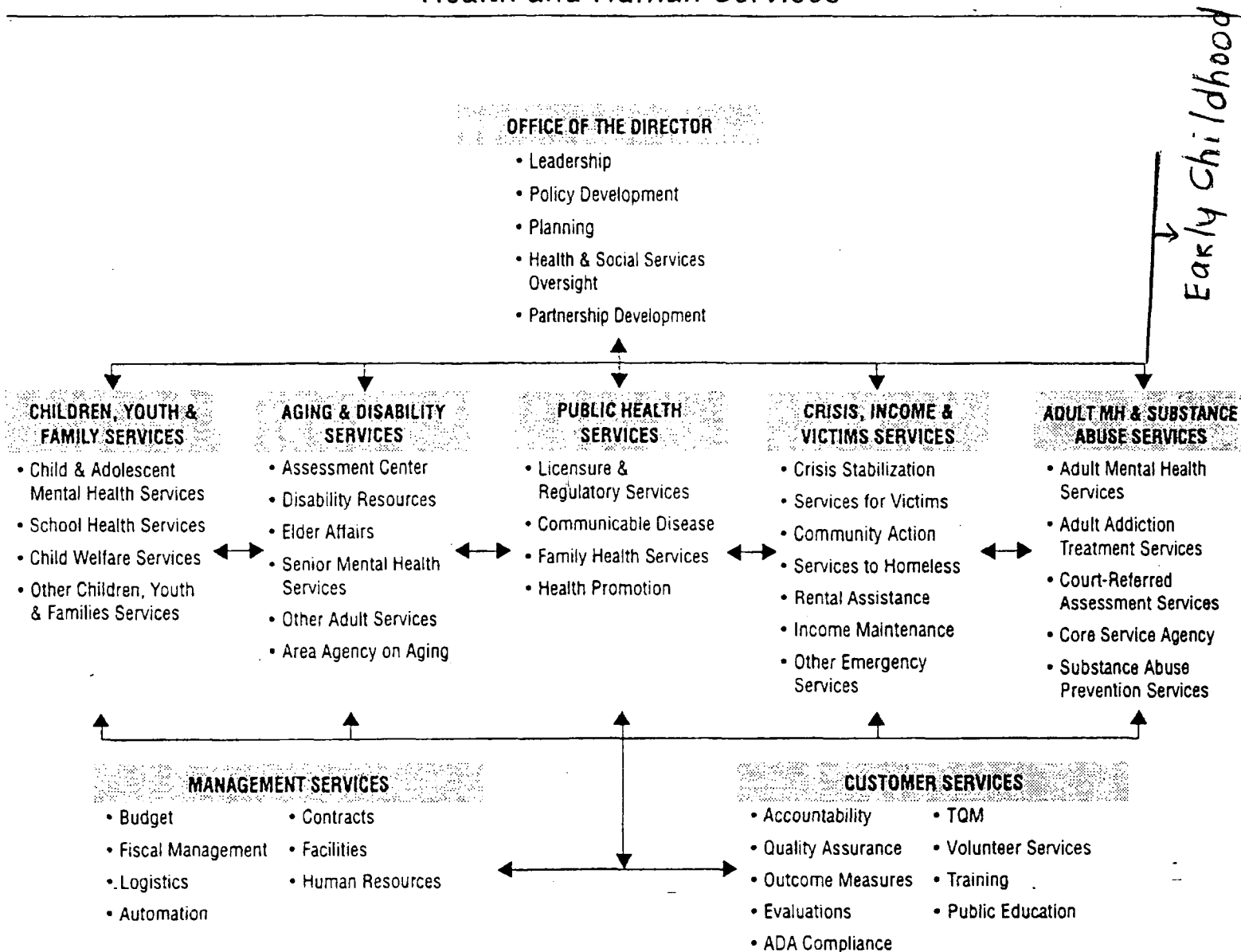
To make decisions about program funding, Legislative staff recognizes that the Council needs additional information. Some data are currently available about the needs of seniors, and additional data will be available from the 2000 Census in the spring 2002. In addition, DHHS contracted with the University of Maryland to complete a needs assessment of seniors over 75 years of age with incomes below \$20,000. That assessment will be available in early 2002. Data about the needs of people with disabilities are not as complete.

Aging and Disability Services collects some workload data for programs and services provided through DHHS staff. More extensive performance data, including input, service quality, efficiency and outcome/results data are only available for selected programs. The Council needs additional outcome data and comprehensive program evaluations to make decisions about significant budget changes.

In particular, the Council needs data on the performance of contracted programs. In FY 2002, approximately \$10.5 million of the County dollars fund competitive and non-competitive contracts with service providers in the community. Comprehensive performance data for the programs operated by contractors is not available at this time. DHHS is working with the United Way and the service providers to develop performance measures. Legislative staff recommends that the Council request a timeline from DHHS for the completion of this work.

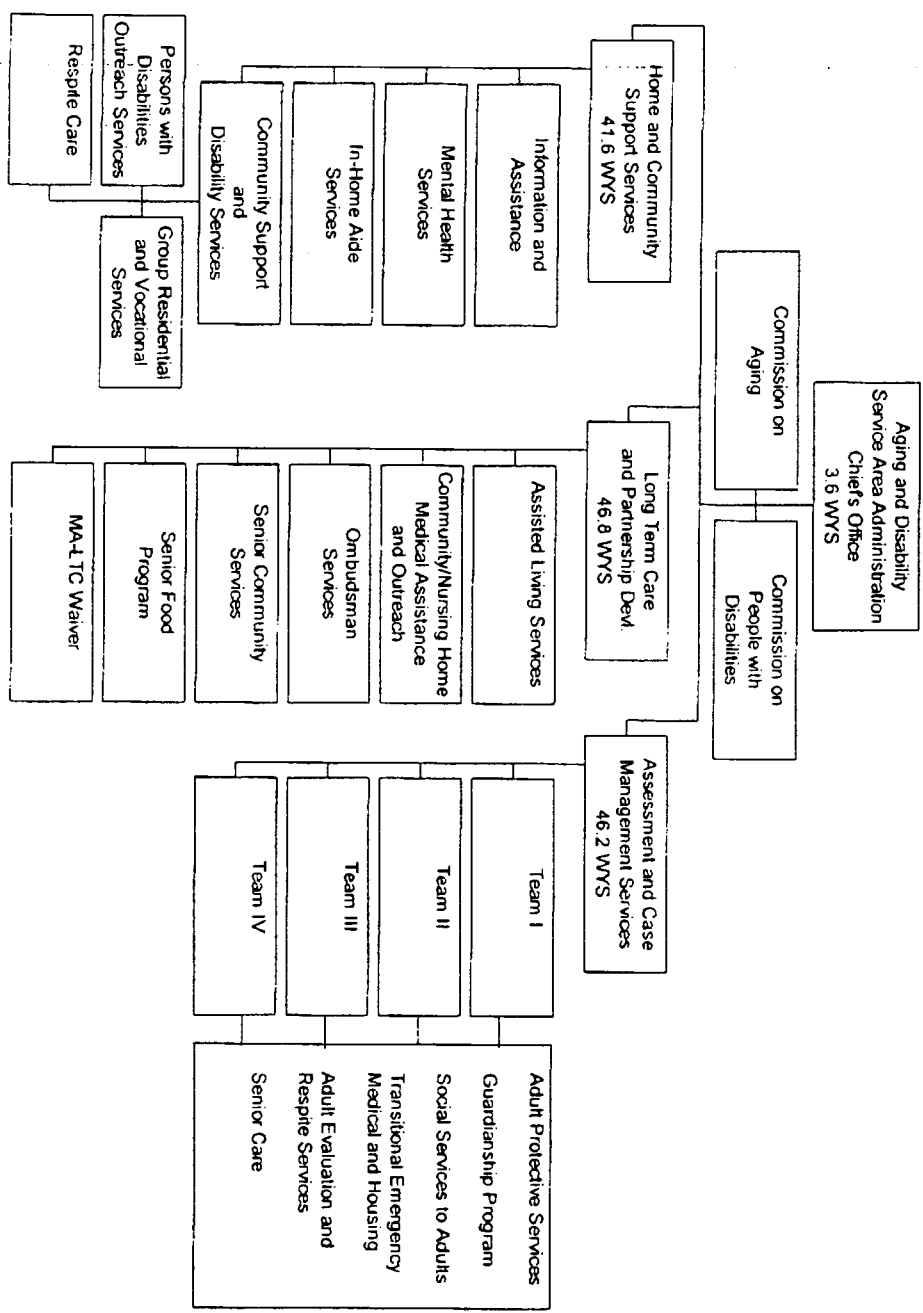
RESTRUCTURED ORGANIZATION

Health and Human Services



FY 96 Savings

	Million
■ Administrative cost savings through restructuring	\$2.3
■ Savings from privatization and contracting out	1.3
■ Reductions to State/Federal funding levels	0.6
TOTAL	\$4.2



HEALTH AND HUMAN SERVICES

PROGRAM:

Ombudsman Services

PROGRAM ELEMENT:
PROGRAM MISSION:

To improve the quality of life for all residents living in licensed long-term care facilities by identifying, investigating, and resolving complaints made on behalf of the residents

COMMUNITY OUTCOMES SUPPORTED:

- Elderly or disabled residents of long-term care facilities protected from abuse and neglect
- Children and vulnerable adults who are safe

PROGRAM MEASURES

FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 TARGET: @ MARC	w/CL*
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Outcomes/Results:

Percentage of all complaints resolved	75	84	87	85	
Percentage of serious complaints resolved ^a	NA	57	58	58	

Service Quality:

Average number of days to respond to a complaint	NA	NA	NA	TBD	
--	----	----	----	-----	--

Efficiency:

Number of volunteers providing service at least 4 hours per week ^b	45	51	55	60	
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Workload/Output:

Number of complaints received	513	657	701	800	
Number of cases	NA	NA	561	640	

Inputs:

Expenditures (\$000)	173	182	236	256	
Workyears	1.5	1.5	2.5	2.5	

Notes:

^aThis program measure was not available until FY00.

^bThe volunteers in the program have been authorized to perform all duties that paid staff provide. This has allowed the program to reach a large population with low funding.

^cTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list items:

EXPLANATION:

The Ombudsman program is federally mandated under the Older Americans Act. The ombudsmen provide assistance to families and residents of licensed long-term care facilities and also empower residents and families to resolve their complaints. The problems confronting the program are the shortages of long-term care facility staff, the lack of training and supervision the staff receives, and the tremendous turnover that occurs in all levels of staffing. The volunteers play a tremendous part in working with facilities and families to get problems resolved. The volunteers must have the ability to communicate well, a strong knowledge of the regulations, and be able to develop cooperative partnerships in resolving many complaints. Currently the program is responsible for 39 nursing homes and 110 licensed assisted living facilities for a total population of over 7,000 people.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Licensing and Regulatory Services, Police Department, all programs in Aging and Disability Services, Maryland Office of Health Care Quality, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.09, 10.07.02. Omnibus Reconciliation Act of 1987 Part 483, Older American Act Public Law 102-375 Chapter 2; COMAR 14.10.09.

HEALTH AND HUMAN SERVICES

PROGRAM:

Information and Assistance

PROGRAM ELEMENT:

Senior Information and Assistance

PROGRAM MISSION:

To provide a single point of entry into the service system for seniors, and to promote awareness of services for the elderly through outreach and public education

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self sufficiency

PROGRAM MEASURES

	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 TARGET: @ MARC w/CL*
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Outcomes/Results:

Percentage of individuals who responded that they received the information, referrals, and/or assistance required to make informed choices about services and benefits ^a	NA	NA	89	90	
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Service Quality:

Percentage of customers satisfied with service ^a	NA	NA	89	90	
---	----	----	----	----	--

Efficiency:

Average cost per client contact (\$)	211	192	156	158	
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Workload/Outputs:

Number of customers served	1,378	1,550	1,864	2,000	
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Inputs:^b

Expenditures (\$000)	292	297	291	318	
Workyears	6.5	6.5	5.2	5.3	

Notes:

^aThis program element covers public education and community outreach (including, but not limited to, senior centers), home visits, case management, and service coordination. A client-completed "report card" is used to measure customer satisfaction.

^bTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list items:

EXPLANATION:

The Senior Information and Assistance program provides a single point of entry into the senior system for older Marylanders, their families, and care givers. Through this program, seniors receive information to make informed choices about services, referrals to appropriate agencies, assistance in obtaining services and benefits, and followup. The program promotes awareness of services for the elderly through outreach and public education.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services service areas, adult day care centers, mental health services, faith community, Department of Human Resources, Maryland Department on Aging, Developmental Disabilities Administration, home care agencies, community groups serving the elderly, Housing Opportunities Commission, Independence Now, Jewish Council for the Aging, Jewish Social Services Agency, non-profit organizations, and others.

MAJOR RELATED PLANS AND GUIDELINES: Annotated code of Maryland, Article. 70B, 4E, 4F, 4G, Older Americans Act of 1965, Area Plan 2000.

HEALTH AND HUMAN SERVICES

PROGRAM:

Information and Assistance

PROGRAM ELEMENT:

Information Line

PROGRAM MISSION:

To assist seniors and adults with disabilities in maintaining independence by linking them with needed services

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY99	FY00	FY01	FY02	FY03 TARGET:
	ACTUAL	ACTUAL	ACTUAL	BUDGET @ MARC	w/CL*

Outcomes/Results:

Percentage of individuals who receive the information and referrals required to meet their needs	77	83	89	90	
--	----	----	----	----	--

Service Quality:

Percentage of customers satisfied with service	86	73	89	90	
Percentage of calls returned within 2 business days	87	98	91	95	

Efficiency:^a

Average cost per call (\$)	21	21	22	22	
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Workload/Outputs:

Number of telephone calls received ^b	18,490	18,759	23,011	24,000	
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Inputs:^c

Expenditures (\$000)	388	393	503	511	
Workyears	10.1	13.0	8.8	8.8	

Notes:

^aAverage cost per call was recalculated for FY98 - 00 to more accurately reflect criteria.

^bA phone call involves listening to customer concerns, determining customer needs, and providing information to meet the needs. It sometimes requires follow-up calls and/or collateral contacts with other community resources. A phone call can also turn into a case to be assessed for additional services.

^cTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list items:

EXPLANATION:

The Information and Assistance Unit, initiated in FY98 from a consolidation of County departments, provides a one-stop information and referral service for seniors and persons with disabilities, including a modified case management component. The Unit found from its FY99 pilot questionnaire that the average age of customers over 18 calling for assistance was 61 years old. Studies indicate that approximately 15% of the elderly/disabled population need some type of service in order to manage their daily activities. Often they are uncertain as to what type of service they need and how to access the myriad private, non-profit, and government services. The Information and Assistance Unit serves as a primary point of entry where consumers can have an assessment by phone to determine their needs and be provided with most, if not all, of the information needed to meet their needs. For those callers who need further assistance, the intake for follow-up case management services is done by phone. The provision of information and referral services, combined with telephone assessment and the available progression to a full psycho/social/nursing assessment, simplifies the process for customers.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Community Psychiatric Clinic, faith community, Maryland Department of Human Resources and Department on Aging, Developmental Disabilities Administration, Home Care Agencies, HELP/FISH Groups, Housing Opportunities Commission, Independence NOW, Jewish Council for the Aging, Jewish Social Services Agency, Metro, Mental Health Association, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14.04, COMAR 07.06.13.02, Senior I&A Program Policy and Procedure Manual, Older Americans Act 1965 Guidelines, Annotated Code of Maryland 70B546.

HEALTH AND HUMAN SERVICES

PROGRAM: Home Care Services	PROGRAM ELEMENT:
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PROGRAM MISSION:

To provide home-based support services, including personal care and chore services, to eligible frail seniors and people with disabilities who, with this assistance, are capable of remaining in their own homes and in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

FY99 FY00 FY01 FY02 FY03 TARGET:
ACTUAL ACTUAL ACTUAL BUDGET @ MARC w/CL*

Outcomes/Results:

Percentage of customers who continue to have reduced risk at 6 and 12 months	NA	96.8	92.0	85.0
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Service Quality:

Percentage of customers who rate Home Care Services satisfaction at 85% or higher	^a NA	NA	87.0	85.0
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Efficiency:

Average cost per customer served (\$)	5,917	^b 7,897	7,273	6,427
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Workload/Outputs:

Number of customers served	594	^b 476	537	635
Number of service hours provided	193,455	190,901	184,094	198,845

Inputs:

Expenditures (\$000)	3,515	3,759	3,906	4,081
Workyears	^d 16.5	16.5	17.8	18.4

Notes:

^aData collection on service quality began in July, 2000 with a Quality Assurance Customer Service Satisfaction questionnaire.

^bThe drop in the number of customers served and the increase in the cost per customer are a direct result of (1) newly initiated contracts in FY00 that raised hourly rates, and (2) frailer customers with more severe disabilities, requiring an increase in service time.

^cIn FY98, seven percent of the allocation was unspent, accounting for the reduction in purchased service hours.

^dThe reduction in staff from FY98 to FY99 reflects Community Service Aide staff who were transferred to Children, Youth, and Family Services.

*The w/CL column includes the following competition list items:

EXPLANATION:

The Home Care Services Program provides personal care and chore services. Personal care can involve bathing, feeding, grooming, and assistance with ambulation. Chore services entail cleaning, planning and preparing meals, and providing transportation for grocery shopping or medical appointments.

Data collection using a risk assessment tool that measures three indicators (personal hygiene, nutritional habits, and environmental conditions) began in February, 1999. This risk assessment is administered at assessment, six months after service is started, and 12 months after service is started.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Human Resources, Maryland Office on Aging, Maryland Department of Health and Mental Hygiene (Medical Assistance Personal Care Program), Housing Opportunities Commission, Montgomery County Fire and Rescue Service, Police Department, Montgomery County Commission on Aging, Montgomery County Commission on People with Disabilities, and private, public, and nonprofit home health aide contract agencies.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 12.

HEALTH AND HUMAN SERVICES

PROGRAM: Continuing Case Management	PROGRAM ELEMENT: Social Services to Adults (SSTA)
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PROGRAM MISSION:
To ensure that clients receive protection and other services to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization

COMMUNITY OUTCOMES SUPPORTED:
• Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 TARGET: @ MARC w/CL*
Outcomes/Results:					
Percentage of clients continuing to live in the community two years after service is initiated	73.3	90.0	81.3	80.6	
Service Quality:					
Average caseload (cases per staff member) (State standard is 50:1)	59:1	59:1	54:1	56:1	
Efficiency:					
Average cost per client served (\$)	3,161	2,988	1,367	1,070	
Workload/Outputs:					
Number of visits with clients	1,386	1,307	1,459	1,358	
Number of collateral visits	1,636	1,649	2,461	1,942	
Number of clients served	535	589	542	671	
Inputs: ^a					
Expenditures (\$000)	1,691	1,760	741	718	
Workyears	14.3	15.3	10	9	

Notes:
^aStarting in FY01, to reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs and systems.
*The w/CL column includes the following competition list items:

EXPLANATION:
This program provides case management services to seniors and adults with physical or mental disabilities to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. There is a direct correlation between receiving case management services and delaying institutionalization.

One of the consequences of advanced age is diminished functional capacity associated with chronic disease conditions. Often the chronicity of an illness impacts an individual's ability to perform basic self-care activities such as bathing, eating, and toileting, as well as tasks that maintain a household, such as money management, shopping, meal preparation, and home maintenance.

While the need for assistance is quite low among the elderly at age 65, by age 85 many need some assistance if they are to continue to live in the community. Research has demonstrated that the difference between needing and not needing a nursing home placement is contingent upon the availability of a social support system. By helping to keep frail elderly clients in the community, case management services also keep the public costs of nursing home placements down.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Housing Opportunities Commission, hospitals and physicians, mental health providers, Social Security Administration, homeless advocates, home care agencies, Manna, Maryland Department of Human Resources, Developmental Disabilities Administration.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

PROGRAM: Continuing Case Management	PROGRAM ELEMENT: Public Guardianship Program
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PROGRAM MISSION:
To provide surrogate decision making and case management services to disabled adults when appointed by the Circuit Court as guardian of such a person

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 @ MARC	TARGET: w/CL*
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Outcomes/Results:

Percentage of clients ^a for whom the Adult Public Guardianship Review Board (APGRB) concurs with the continued need for a public guardian	NA	NA	NA	95		
Percentage of clients for whom APGRB concurs with the care plan recommended by the guardianship program	NA	NA	NA	90		

Service Quality:

Average number of visits to clients per month	53	59	66	65		
Percentage of court appointed attorneys reporting satisfaction with guardianship services provided to clients	NA	NA	NA	85		

Efficiency:

Average cost per client (\$)	NA	NA	4,315	3,378		
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Workload/Outputs:

Number of guardianship clients	72	80	73	90		
Number of APGRB hearings	110	103	101	115		
Average number of guardianship clients per month	58	62	59	71		

Inputs:^b

Expenditures (\$000)	NA	NA	315	304		
Workyears	NA	NA	3.9	3.9		

Notes:

^a"Client" refers to a ward of the state.

^bTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list elements:

EXPLANATION:

The Guardianship Program was authorized by Maryland Law in 1977 and is part of a statewide system of Adult Protective Services designed to provide adults who lack the physical or mental capacity to care for their basic needs with services sufficient to protect their health, safety, and welfare. A guardian of a person shall be appointed if the court determines from clear and convincing evidence that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself, and no less restrictive form of intervention is available which is consistent with the person's welfare and safety. A public guardian is named only as a last resort and when the disabled person has no relative or friend willing and able to be the guardian. The guardian has all the rights, duties, and responsibilities of a parent to a child, and it is the responsibility of the guardian to insure that appropriate care is provided to the disabled person. The guardian has the duty to assist the disabled person to live in the least restrictive environment with the highest quality of life possible. This usually entails making decisions regarding living arrangements, medical care, and home care services. Institutionalization is the last resort and is used only if the supportive systems provided are not sufficient to sustain the elderly/disabled person in the community. There are no funds within the program to provide direct services.

The Adult Public Guardianship Review Board, appointed by the County Executive, reviews all regular (non-temporary) public guardianship cases every six months. This review mechanism does not exist in the laws of many states and has been held up as a national model.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Departments of Aging, Human Resources, and Health and Mental Hygiene; Montgomery County Attorney and private attorneys; Circuit Court; housing, health care, and private service providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14, COMAR 07.06.13, COMAR 07.03.07, COMAR 07.06.12, Annotated Code of Maryland, Estates, and Trusts Article, Title 13, Subtitle 1, 13-101; Subtitle 7, 13-704 et seq., Maryland Rules of Procedures, R70, Memorandum of Understanding between Department of Human Resources and Office on Aging, re: Adult Protective Services. Annotated Code, Family Law Article, Title 14, Subtitle 1, 14-101 et seq. and Subtitle 2, 14-201 et seq. Article 27, Subtitle 35 B, Abuse of Vulnerable Adults.

HEALTH AND HUMAN SERVICES

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Adult Protective Services (APS)

PROGRAM MISSION:

To secure access by the client to necessary services in order that standards of health, safety, and well-being are met; to prevent or lessen the likelihood of abuse, self-neglect, or exploitation; to provide for the least restrictive and least intrusive mode of service intervention; and to ensure that the goals of the service plan are being accomplished

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 @ MARC	TARGETS: w/CL*
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Outcomes/Results:

Percentage of clients for whom no new APS investigation is required	NA	NA	99	99		
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Service Quality:

Average caseload per case manager	NA	NA	25:1	25:1		
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Efficiency:

Average cost per client (\$)	NA	NA	1,154	1,178		
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Workload/Outputs:

Number of clients receiving continuing adult protective services	266	491	390	450		
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Inputs:^{a,b}

Expenditures (\$000)	NA	NA	450	530		
Workyears	NA	NA	5.6	6.6		

Notes:

^aA realignment of assessment and continuing case management services occurred in FY01. Previously, the inputs were consolidated.

^bTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list items:

EXPLANATION:

This service is provided to clients who are determined by investigation to be at-risk, acknowledge risk or need for services, and have the capacity and willingness to agree to and participate in a service plan that affords them protection from neglect, abuse, or exploitation, or to mitigate the effects of prior abuse, self-neglect, neglect, or exploitation. This program is voluntary, and the primary service is case management, including ongoing assessment, service planning, linking with resources, monitoring the service plan, and advocating on behalf of the client.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, non-profit organizations, abused persons programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Protective Services (APS)

PROGRAM ELEMENT MISSION:

To provide evaluative, transitional, and social services to the frail elderly and adults with disabilities in order to protect them from abuse and neglect

COMMUNITY OUTCOMES SUPPORTED:

- Childen and vulnerable adults who are safe

PROGRAM MEASURES

	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 TARGETS: @ MARC	w/CL*
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Outcomes/Results:

Percentage of cases reopened within six months	7.3	9.2	6.7	8.0		
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Service Quality:

Average time to initiate cases (days) (State standard = 5 days)	3.2	3.4	3.5	3.5		
Average time to complete investigations (days) (State standard = 30 days)	22.0	25.5	25.0	25.0		

Efficiency:

Average cost per investigation ^a (\$)	1,851	1,251	1,541	1,424		
Average number of reports investigated per worker per month	8.2	8.0	7.0	8.0		
Average protection caseload ratio (cases per staff member)	25:1	23:1	20:1	20:1		

Workload/Outputs:

Number of abuse and neglect reports screened	443	534	449	450		
Number of investigations conducted/completed ^a	452	532	450	450		
Number of cases receiving continuing services	266	491	499	500		

Inputs:^{b,c}

Expenditures (\$000)	837	929	692	641		
Workyears	11.0	11.5	9.5	9.1		

Notes:

^aAn APS investigation can involve the following staff activities: multiple home visits; consultation with family and other appropriate parties (neighbors, police, physicians, etc.); case record documentation; police reports; court presentation; collaboration with public and private organizations to ensure safe plans, etc.

^bAfter FY96, Assessment Services consisted of Adult Protective Services (APS) staff, Social Services to Adults (SSTA), and Adult Evaluation and Review Services (AERS) staff. The inputs reported here include only the APS component.

^cTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs and systems.

*The w/CL column includes the following competition list items:

EXPLANATION:

Adult Protective Services (APS) provides evaluative, transitional, and social services to the frail elderly and adults with disabilities when suspected abuse, neglect, self-neglect, or exploitation is reported. In Montgomery County, the majority (64%) of APS referrals and investigations are related to self-neglect among the elderly. Self-neglect occurs most frequently among persons over age 85 and among mentally disabled persons living alone who are no longer capable of independent living.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, Circuit Court, non-profit organizations, abused persons programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Evaluation and Review Services (AERS)

PROGRAM MISSION:

To provide assessment, care planning, and short-term case management to the frail elderly and to Montgomery County adults with disabilities age 18 and older who are at risk of institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES^a

	FY99 ACTUAL	FY00 ACTUAL	FY01 ACTUAL	FY02 BUDGET	FY03 TARGET: @ MARC	w/CL*
Outcomes/Results:						
Percentage of elderly and disabled adults who remain safely in the community after receiving services ^b	NA	79	81	75		
Percentage of elderly and disabled adults who take their medications safely after receiving services ^b	NA	70	73	70		
Service Quality:						
Average response time to initiate cases (days) (State standard=6 days)	4.8	3.7	3.4	4.5		
Average caseload ratio (cases per staff member)	34	25.7	24.4	25.0		
Efficiency:						
Average cost per evaluation (\$)	1,064	1,459	938	1,112		
Workload/Outputs:						
Number of clients evaluated at discharge ^c	961	778	724	800		
Number of clients linked to community resources	NA	738	703	720		
Number of clients given medication education	NA	566	584	640		
Inputs:^{d,e}						
Expenditures (\$000)	1,022	1,135	679	712		
Workyears	13.4	13.9	9.2	9.8		

Notes:

^aMany program measures were not available until July, 1999. Outcome data became available in FY00.

^bEach evaluation includes a multidisciplinary assessment, formulation of a comprehensive plan of care, and short-term case management with an average case life of three months. If eligible, each evaluation is reimbursed \$275 from the State.

^cThe number of client evaluations decreased in FY00 and will not return to its FY99 level in FY01 due to an increase in the complexity of cases. The more routine cases will be referred to contractors, and only the most complex cases and most vulnerable clients will be assigned to staff. These clients will require more time.

^dAfter FY96, Assessment Services consisted of Adult Evaluation and Review Services (AERS), Social Services to Adults (SSTA), and Adult Protective Services staff. The inputs here are for Adult Evaluation and Review Services staff.

^eTo reach its goal of achieving a true measure of the cost of providing services, Aging and Disability Services reevaluated and revised the input methodology in FY01 to more accurately attribute staff time and salary expenditures to defined program elements. Over time, Aging and Disability Services will expand the use of this system to all programs.

*The w/CL column includes the following competition list items:

EXPLANATION:

Nationally, the proportion of older adults with disabilities living in nursing homes rises with increasing levels of disability. However, over half a million older adults can still remain at home with access to informal and/or formal community resources. A lack of access to community resources is a strong indicator for nursing home admission for these individuals. Studies have shown that for each person in a nursing home, there are between one and three equally disabled persons living in the community. Access to informal and/or formal resources is a major reason why an individual can remain safely in the community.

Studies have also shown that a key factor affecting the need for nursing home admission is the ability to manage medication. Drug toxicity is common among the elderly and contributes up to 10% of hospital admissions. Adverse reactions to medications are two to three times more common in the elderly than in younger adults. The elderly are often prescribed multiple medications (sometimes by several physicians) on complex dosage schedules. One-third to one-half of the elderly do not comply with prescribed medication regimens. Again, access to informal and formal resources/supports can enable the individual to take his/her medications safely and to remain in the community.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunity Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, State Office on Aging, Social Services Administration, Rock Creek Foundation, Alzheimer's Disease and Related Disorders Association of Greater Washington, Association of Retarded Citizens, Centers for the Handicapped, Inc., non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 708, 13-709, COMAR 10.09.30, 13- Annotated Code of Maryland 15-301, COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

PROGRAM:

Assisted Living Services

PROGRAM ELEMENT:

Adult Foster Care

PROGRAM MISSION:

To provide protected living environments for the frail elderly and adults with disabilities, using adult foster care and small group homes

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY99	FY00	FY01	FY02	FY03 TARGETS:
	ACTUAL	ACTUAL	ACTUAL	BUDGET @ MARC	w/CL*

Outcomes/Results:

Percentage of adults residing in foster care or group homes six months after placement	91	94	93	93	
Percentage of adults residing in foster care or group homes twelve months after placement	76	93	90	90	

Service Quality:

Percentage of residents satisfied with placement ^b	NA	NA	TBD	TBD	
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Efficiency:

Average annual cost per resident (\$)	5,924	6,034	6,268	6,268	
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Workload/Outputs:

Number of clients receiving case management placement in Adult Foster Care families and group homes	184	189	190	190	
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Inputs:

Expenditures (\$000)	1,090	1,140	1,191	1,191	
Workyears	7.0	7.0	7.6	7.6	

Notes:

^aData collection began January 1998. This figure relates to the second half of FY98.

^bA tool to measure resident satisfaction is under development.

*The w/CL column includes the following competition list items:

EXPLANATION:

Adult foster care provides supervised living and assistance to disabled adults and frail elders. Studies of adult foster care demonstrate that it improves the resident's quality of life. Clients are referred because of mental or physical disability, abuse and neglect, or inability to live independently in the community. Assistance allows them to remain in the community as long as possible. The decision to place a client in either adult foster care or a group home is based on whether a client would do better living with a family member or with a small group of peers. Each resident receives an individual care plan with goals to ensure safety, health, and maximum self-sufficiency.

Case management services are crucial to enable vulnerable adults to remain in permanent and stable housing. Placement with a committed care provider and social work case management of each resident contribute to the success of care and placement. Case managers certify and monitor the adult foster care homes and monitor the client's care in group homes. They also help arrange needed services such as adult day care, occasional in-home aide services, job support, help in paying bills, and training for both providers and residents. Case managers also provide support to the caregivers and add resources to help prevent caregiver burnout.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Department of Disability Administration, Office on Aging, Social Security Administration, Department of Public Works and Transportation, Housing Opportunities Commission, Department of Housing and Community Affairs, Montgomery County Commission for People with Disabilities, Montgomery Commission on Aging, Montgomery County Fire and Rescue Service, Montgomery County Police, day care providers, group home providers, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapters 15 and 16; COMAR Title 10, Subtitle 607, Chapter 14.

COMMISSION ON AGING BUDGET PRIORITIES FY03

CIP Item – Community Center Construction – \$2.2M per Center -To amend the program of requirements for all approved community center projects to include a second floor of 11,000 sq. ft. for senior use. Four community centers Mid County, North Bethesda, North Potomac and White Oak have been approved for construction over the next ten years. The addition of a second floor for senior use has a number of benefits: 1) it will cost less than constructing a senior center \$2.2M per community center vs.\$9M. 2) It does not change the established footprint of the building. 3) It will not require any change in site selection. 4) It decentralizes access to high quality senior programs. 5) It increases the service capacity of a facility by reducing the existing practice of “senior program displacement to meet the needs of children. 6) It makes possible an actual response in this next decade to the needs of a growing senior population.

Senior Center Transportation - \$187,000 – To provide transportation to a senior center for seniors living in unserved and underserved priority regions of the County. Bethesda, North Bethesda, Chevy Chase, Garrett Park, portions of Kensington and Wheaton have no transportation to a senior center. These communities have some of the highest concentrations of seniors in the county. Silver Spring and Germantown do not have sufficient transportation to meet all the requests for transportation to a senior center.

Seniors Are A Resource - \$66,400 - To add a grade 23 Program Manager to the staff of the Volunteer Center to engage in a targeted outreach effort to attract senior volunteers in critical areas of need such as mentoring students, grocery shopping for the homebound and escorted transportation. Outreach is important because seniors are four times more likely to volunteer if they are asked. However, a study by the Independent Sector, *America's Senior Volunteers*, found that less than one-third of all seniors over 65 are asked to volunteer.

Increasing Access to Information on Aging and Disabilities- \$40,000 – To strengthen the role of the libraries in providing information on the wide range of issues related to aging and disabilities. This project has three components 1) Staff Training – each library will send one staff person from their information desk to a half-day training on Aging and Disability Services. 2) Signage – each library will have two signs alerting the public that information on aging and disability topics is available. 3) Access – an Aging and Disability icon would be added to all computer screens in libraries. Clicking the icon would provide by topic a list of the library's holdings related to aging and disability.

Funding for an Independent Transportation Network- Aging and Disability Services is contracting for a market and feasibility study to determine if the Independent Transportation Network model for providing assisted and escorted transportation could be implemented in Montgomery County. If this study proves favorable the Commission requests that funds for implementation be added to the FY03 budget.

SENIOR PROGRAMS AND COMMUNITY CENTERS

(NEW CONSTRUCTION)

Purpose: To provide dedicated space in all new community centers for senior programs. These programs would reach beyond traditional senior activities and appeal to the younger senior interested in a vital living/life options orientation.

Background: Providing adequate services for senior citizens is among the most significant quality of life issues facing Montgomery County. Seniors age 65 and older now comprise about 11% (98,157) of the County's population, by 2020 this number will increase to 14% (140,745). Adequate facilities, designed to respond to the needs and interests of a rapidly expanding cohort of active seniors, are needed. However, there has been much debate and discussion on whether these facilities should be community centers designed to accommodate all age groups or facilities designed specifically for the use of senior citizens. Four community centers, Mid County, North Bethesda, North Potomac and White Oak, have been approved for construction over the next ten years. Current community center design includes the use of activity zones to separate active noisy programs from passive, quiet activity. Maintaining a suitable environment when a facility is simultaneously programmed for senior, adult and/or youth activities is a challenge that can best be met by designing two-story facilities, with space intended for senior use located on the second floor.

Analysis: The current cost of planning, design, construction and furnishing of a new 32,000 sq. ft. community center is about \$9M based on current cost estimates of \$200 per sq. ft.. The addition of a second floor of 11,000 net sq. ft. would cost \$2.2M. The design of the second floor would include space for: a kitchen, a lounge area, a large meeting room for 100-150 persons which could also serve as a lunch room or card room, a room for computer use and visual arts, a ceramic/sculpting studio and kiln, a billiard room and 2 small meeting rooms each 800 sq. ft.. In addition, the expansion of the gym space in the current community center plan from 8,000 to 12,000 sq. ft. would then accommodate an indoor walking track.

The addition of a second floor meets a number of important objectives. It mitigates the need for expanding the established footprint of a building and sustains the viability of site selection decisions based on the current community center space standards. It provides an economy of scale by providing dedicated space for seniors for \$2.2M rather than an estimated \$9M cost of constructing a new senior center. It supports multigenerational use of these facilities and interaction. It makes possible an actual response within the next decade to the growing senior population. It increases the service capacity of a facility by reducing the existing practice of "senior program displacement" to meet the needs of children, youth and teens and adds space in the evening and on weekends for community use or rental.

Recommendation: Amend the program of requirements for all approved community center projects, beginning with the Mid County Center, to include a second floor of 11,000 sq. ft. Appropriate \$2.2M for each community center for the construction of a second floor.

SENIOR CENTER TRANSPORTATION

Purpose: To assure that seniors have access to transportation to a senior center or program regardless of where they reside.

Background: There are wide regions of the county where there is no county-sponsored transportation to a senior center or senior program. This is a serious problem because senior centers are important in the prevention of isolation among the elderly as well as providing opportunities for learning, health education and exercise. Many of these areas without transportation have some of the highest concentrations of seniors in the County, including Bethesda, North Bethesda, Chevy Chase, Garrett Park, portions of Kensington and Wheaton. Other areas of the county such as Silver Spring and Germantown do not have sufficient transportation to meet all the requests they receive. Additionally, each senior center and program attempts a monthly 4-6 hour trip by bus to places of interest to enhance quality of life, cultural and social exchange. However, while the number of senior centers and programs has increased, the budget for these trips has not. Therefore, not all senior centers and programs are able to schedule a mini trip each month.

Analysis: This budget request is based on an annual cost of \$11,000 for adding one day of bus service, at one location for 50 weeks. A total of 7 more buses are to be added. The chart below summarizes the current and additional bus service that is being requested.

Senior Program	FY02			FY03			
	Current Program Days	Current Bus Days	Current Buses per Day	Requested Additional Bus Days	Requested Additional Buses per Day	Senior Ridership Participation	FY03 Request
A. Germantown Evergreen	5	2	2	3	2	4500	\$66,000
B. Coffield	2	0	0	2	1	3000	\$22,000
C. Margaret Schweinhaut	6	2	1	3	1	3000	\$33,000
D. Downtown Bethesda to MSSC	0	0	0	2	1	2000	\$22,000
E. North Bethesda to Holiday PK	0	0	0	2	1	2000	\$22,000
F. Mini Trips	3	3	1	2	1	4000	\$22,000
TOTAL						18,500	\$187,000

Germantown/Evergreen – The Germantown Senior Program began in FY99 as a twice-a-week program with one bus. The demand for participation was so great that a second bus was added to transport seniors to the center twice a week. In FY01, the Chinese Community Cultural Center, in partnership with the Department of Recreation, initiated a three-day-a-week program for their seniors called the Evergreen Program at Germantown. This expanded the senior programming at Germantown to five days a week. However, the three-day-a-week Evergreen Program has no transportation. Participants have been dependent upon family and volunteer drivers to take them

SENIORS ARE A RESOURCE

Purpose: To increase the number of senior volunteers serving Montgomery County.

Background: The senior generation has considerable resources to give to support Montgomery County's community needs through volunteering. In fact, older adults are this county's only increasing natural resource. Currently about 11% (98,157) of the County's population is age 65 or older, and this is predicted to increase to 14% (140,745) by 2020. Upon retirement, women gain about 18 hours per week and men 25 hours per week of discretionary time. Unfortunately, in America today we have the most talented group of older adults in history who are the least well used. According to Marc Freedman of Civic Ventures, the two major uses of time in later life are watching television and housework.

In addition to helping to improve the availability and quality of community services, recent research indicates that it is in the best interest of older adults to get involved. A new study from Johns Hopkins shows that social connection is more important than diet or exercise for well being in later life.

Analysis: Montgomery County is in a position of tremendous strength with regard to expanding senior volunteer recruitment and involvement. Because there is a positive correlation between higher education and volunteering, our highly educated senior population, (50% of 65-74 year olds have a bachelor's degree, 26% also have an advanced degree) is more likely to be interested in volunteerism. A national study, *America's Senior Volunteers*, conducted by the Independent Sector found that 44.7% of seniors ages 65-74 volunteer at least once a year an average of 4.1 hours a week. If this statistic were applied to Montgomery County's 50,103 seniors ages 65- 74 we would have 22,400 seniors providing 4.6 million hours of volunteer service at a value of \$55M.

Seniors are four times more likely to volunteer if they are asked. The Independent Sector found that less than one-third of all seniors over 65 years of age are asked to volunteer. Currently, 610 seniors (55 yrs. and over) are registered through the Retired and Senior Volunteer Program (RSVP). However, this in no way reflects the actual number of seniors who volunteer, as many prefer not to participate in RSVP. The Volunteer Center currently has a staff of 4 full-time, 3 part-time and 20 volunteers. Of this number 1.5-work years are assigned to RSVP. At this time the recruitment of senior volunteers and outreach to community groups is limited by insufficient staff in the Volunteer Center. Our county's need for more volunteers is clear. The Volunteer Center has 2,000 open volunteer opportunities. There are many critical needs for senior volunteers including those needed to mentor students, to provide escorted transportation, visit and grocery shop for the frail and homebound, address special needs of the Executive Branch as well as of the County Council.

Recommendation: Provide \$66,400 to hire (at the midpoint, including fringe benefits), a full-time Program Manager I Grade 23 in the Volunteer Center to engage in a targeted outreach effort to attract seniors to volunteer in high priority areas. This budget request also supports a priority recommendation from the Vital Living Conference of November 6, 2000, which was re-affirmed at its Retreat June 12, 2001, to expand outreach to seniors regarding volunteer opportunities. In conjunction with this effort the Commission on Aging pledges its members to serve as Volunteer Ambassadors to the senior community, identifying senior groups for outreach and recruiting volunteers from among their networks.

IMPROVING ACCESS TO INFORMATION ON AGING AND DISABILITY THROUGH THE LIBRARIES

Purpose: To strengthen the role of libraries in providing information on the wide range of issues related to aging and disabilities.

Background: The public library is the place where the community as a whole comes together. Libraries are used by the young and the old, the rich and the poor, individuals and families, new residents and those who have lived here for years. It is one of the first places to which people turn when they are seeking information about a problem and the number of people in need of up-to-date information and resources on issues of aging and disability is growing. Seniors age 65 and older are now 11% (98,157) of the County's total population and this will increase to 14% (140,745) by 2020. Additionally, one in four households (77,000) in the County are involved in elder caregiving. In FY01 the DHHS Aging and Disability Information and Assistance Program served 7,889 persons.

At this time, Montgomery County has 23 branch libraries, strategically located in the major population centers of the County. Because the libraries are well dispersed throughout the County, they are easily reached by county residents and are well positioned to be a first-line resource for information on aging and disability concerns.

Analysis: This project has three components: staff training, signage and providing easier access to library holdings on aging and disability topics. **Training** – each library will send a member of their information desk staff to a half day training on Aging and Disability Services, customer service-best practices in working with older adults and the disabled, and a guide to the best web sites for these groups. \$10,000 is requested to pay for substitute staff for the information desks in each library, while regular staff are trained, mileage, training materials and printing. **Signage** – each library will have two signs alerting the public that information on aging and disability topics is available. \$10,000 is requested to pay for printing and installation of signs in 23 libraries. **Access** –an Aging and Disability icon would be added to all computer screens in libraries. Clicking the icon would provide by topic a list of the library system's holdings related to aging and disability. \$20,000 is requested to contract for staff to complete this technical project.

Recommendation: \$40,000 is requested to strengthen the role of the libraries in providing information on aging and disability topics.

1. **Two critically needed transportation improvements: Required Availability of 24 hours/day, 7 days per week Lift-Equipped Taxi Service for Wheelchair Users, and Call N' Ride Coupons for MetroAccess Users for Unanticipated Need for Same Day Service—\$100,000** Currently, private taxi cab companies own 66 accessible vehicles, few of them are on the road because of the difficulty getting drivers willing to lease them, thus leaving wheelchair users unable to secure taxi service particularly during the evenings and weekends. We ask that the County ensure that 24 hours per day, 7 days per week lift-equipped vehicles are available for dispatch. A related issue is that certified Metro Access users must schedule their trips 24 hours in advance at a cost of \$2.20 a trip. For same day or personal emergency/crisis service, they must pay for taxi service at the full rate and call the cab companies directly for scheduling. Metro Access eligibility is based on severity of disability, not on financial need. If a MetroAccess rider must leave work immediately due to crisis or illness, MetroAccess will attempt to pick them up but the wait may be for hours due to scheduling. Low-income MetroAccess users already qualify for Call n' Ride coupons. Requesting funding to provide one coupon book per month for same day service for certified eligible MetroAccess users whose income is over the cap. This would enable them to call a taxi for more immediate pick-up. Those over-income would buy coupons books at the highest rate or at \$26.25 per book. This funding will help to fill a gap for MetroAccess users who need same day or emergency service. This funding would serve 316 persons for one coupon book per month.
2. **Before/After School Care for Children with Severe Disabilities—\$400,000**
The funding would be administered by the Department of Health and Human Services, Aging and Disability Services Community Support Network and would provide financial assistance to parents who have children with significant disabilities who are currently being served and will be referred by a Health and Human Services or Montgomery County Public Schools. There is a short supply of providers who care for children with severe disabilities because they often need 1:1 staffing or special equipment.
3. **Appropriate Day Programs for Young Adults with Significant Medical Needs who have profound Mental Retardation —\$175,000 start up operating funds +\$250,000 for one time renovations**
There are 15 young adults with significant medical needs who have profound mental retardation or other developmental disabilities who need appropriate day programming in the up-county area. They are or will be graduates of Stephen Knolls, Longview and private placements. \$510,000 first year annual program budget for 15 consumers (\$175,000/county and \$334,500/state). After that the operating funds will come from the Developmental Disabilities Administration with the assistance of a Count grant estimated to be \$35,000 in FY04.
4. **Meals on Wheels for Adults with Disabilities Under age 60—\$112,500** Many persons under age 60 who have disabilities need to receive Meals on Wheels. Persons under age 60 who have disabilities were funded for the first time in FY 02 in the amount of \$37,500 to serve 15 people. To better meet the needs of this vulnerable population \$112,500 is needed to expand the program to 45 additional persons in FY03. The average cost per person is \$2,500 per year.
5. **Empowerment Grants for Accessibility Modifications for Child Day Care Centers—\$200,000**
This funding will provide empowerment grants of up to \$20,000 to at least 10 child care centers to make their center accessible to children with disabilities. This will expand the number of facilities that could provide day care children with disabilities.
6. **Respite Care and Outreach—\$125,000**
\$75,000 to expand the number of respite hours per family per year from 140 per year in FY 02 to 164 hours in FY 03.
\$50,000 to serve the 50 families now on the waiting list. This expansion could be done in partnership with the Arc of Montgomery County and the Developmental Disabilities Administration (DDA).

In Addition we Support:

The continued grants by the County to providers of services to people with developmental disabilities that are funded by the Development Disabilities Administration. We also comment the progress that has been made this year toward the State considering ways to obtain a federal match to these funds.

Funding for the recommended ADA Task Force Initiatives Currently, under the direction of County Executive Duncan there is a County ADA Task Force studying ways to make the County more accessible to people with disabilities. The report from the task force is due October 15. Budget requests will involve several departments.

Research into the Creation of an Accessibility Loan Program for Small Businesses/Houses of Worship - \$1M
Requesting that the county research the establishment of a \$1,000,000 fund for low or no interest loans to be available for up to \$50,000 for small businesses or houses of worship that would like to make their facility accessible to people with disabilities.

KEY RESULT I: RESIDENTS WHO ARE ELDERLY OR HAVE DISABILITIES ARE PROTECTED FROM ABUSE AND NEGLECT

Programs:

- Assessment Services – Adult Protective Services (state mandated)
- Continuing Case Management – Adult Protective Services (state mandated)
- Continuing Case Management – Public Guardianship (state mandated)
- Long Term Care Ombudsman (federally mandated)

Tier 1: County Funds Required to Supplement HB 669 Positions

Positions

Assessment Services – Adult Protective Services

Social Worker IV	1.0 WY	\$14,404
Social Worker III	5.5 WY	\$31,147

Continuing Case Management – Adult Protective Services and Public Guardianship

Social Worker III	6.0 WY	\$70,353
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Subtotal \$115,904

Tier 2: County Funds Required under a Federal/State Match

Positions

Assessment Services – Adult Protective Services

Community Health Nurse II	4.0 WY	\$287,791
Principal Admin Aide	1.0 WY	\$41,191

Continuing Case Management – Public Guardianship

Program Manager II	1.0 WY	\$28,632
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Subtotal \$357,614

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

Competitively Bid Contracts:

Assessment Services – Adult Protective Services

Bruce Kirby	\$2,500 ^a
Rosemary Sheldon	\$2,500 ^a
Medstar Health Visiting Nurse Association	\$22,000

Subtotal \$27,000

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

Positions

Continuing Case Management – Adult Protective Services and Public Guardianship

Community Health Nurse II	1.0 WY	\$78,335
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Long Term Care Ombudsman:

Community Health Nurse II	1.0 WY	\$67,547
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Competitively Bid Contracts

Ombudsman Services

Senior Care Advocates	\$69,360
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Operating Funds

Flex Funds to Purchase Supplies for Case Manag. Clients	\$4,950
Funds to Purchase Medication for Clients	\$7,500

Subtotal \$227,692

Tier 4: County Funds to Support County Programs/Initiatives

None

TOTAL COUNTY FUNDS \$728,210

^a The County dollars for these contracts represent 50% of the contract amount. Federal Financial Participation (FFP) dollars fund the remaining 50% of the cost of each contract.

KEY RESULT II: RESIDENTS WHO ARE ELDERLY OR HAVE DISABILITIES ARE ABLE TO RESIDE IN THE LEAST RESTRICTIVE ENVIRONMENT

Programs:

- Assessment Services – Adult Evaluation and Review Services (state mandated)
- Home Care Services
- Assisted Living Services – Adult Foster Care (state mandated)
- Group Residential and Vocational Services
- Respite Care
- Persons with Disability Outreach Services

Tier 1: County Funds Required to Supplement HB 669 Positions

Positions

Assessment Services – Adult Evaluation and Review Services:

Social Worker III	4.0 WY	\$24,335
Social Worker II	2.0 WY	\$2,938
Principal Admin Aide	1.0 WY	\$2,452

In-Home Aide Services

Fiscal Assistant	1.0 WY	\$12,012
Community Service Aide III	10.0 WY	\$73,139
Program Manager II	1.0 WY	\$19,610
Program Specialist	1.0 WY	\$9,714
Social Worker III	1.5 WY	\$19,995
Principal Admin Aide	2.0 WY	\$9,297

Assisted Living and Congregate Housing

Social Worker IV	1.0 WY	\$13,861
Social Worker III	8.0 WY	\$94,764
Principal Admin Aide	1.0 WY	\$7,391

Subtotal \$289,508

Tier 2: County Funds Required under a Federal/State Match

Positions

Assessment Services – Adult Evaluation and Review Services:

Nurse Manager	1.0 WY	\$94,310
Community Health Nurse II	6.0 WY	\$497,048
Office Automation Admin II	1.0 WY	\$59,496

Operating Funds

Administrative costs for the MA Long Term Care Waiver	\$200,000
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Subtotal \$850,854

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

Non-Competitively Bid Contracts

Group Residential and Vocational Services

Developmental Disabilities Grants to Providers	\$5,393,000
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Operating Funds

Assisted Living Services

Group Home Supplement	\$140,000
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Subtotal \$5,533,000

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

Positions

Assessment Services – Adult Evaluation and Review Services:

Social Worker III	1.0 WY	\$39,788 ^b
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In-Home Aide Services

Community Health Nurse II	1.0 WY	\$21,373 ^b
Social Worker III	1.0 WY	\$43,865 ^b
Community Services Aide III	1.0 WY	\$33,393 ^b

^b The County dollars for these positions represent 50% of the cost of each position. Federal Financial Participation (FFP) dollars fund the remaining 50% of the cost of each position.

Assisted Living and Congregate Housing

Program Manager I	1.0 WY	\$80,686
Social Worker III	1.1 WY	\$34,186 ^b

Group Residential and Vocational Services:

Program Manager I	1.0 WY	\$51,992
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Competitively Bid Contracts

Home Care Services:

Home Call/First Call	\$150,000 ^c
Home Care Partners	\$243,126 ^c
Jewish Social Service Agency	\$52,000 ^c
Montgomery General Hospital Community Health	\$112,500 ^c
Nursing Enterprises, Inc.	\$384,025 ^c
Potomac Home Support	\$220,000 ^c

Respite Care Services

ARC of Montgomery County	\$490,264
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Non-Competitively Bid Contracts

Persons with Disability Outreach Services

Lt. Joseph P. Kennedy Institute	\$207,415
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Operating Funds

Assisted Living Services

Adult Foster Care Subsidies	\$548,140
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Assessment Services

Miscellaneous Operating Expenses	\$31,040
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Subtotal \$2,743,793

Tier 4: County Funds to Support County Programs and Initiatives

Competitively Bid Contracts

Respite Care Services

ARC of Montgomery County (Respite Care Home)	\$145,513
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^c The County dollars for these contracts represent 50% of the contract amount. Federal Financial Participation (FFP) dollars fund the remaining 50% of the cost of each contract.

Non-Competitively Bid Contracts

Handicapped Rental Assistance Program	\$480,460
CHI	\$32,080
Volunteers for the Visually Impaired	\$81,842

Operating Dollars

<u>Home Care Services</u>	
Chore services	\$158,240

Subtotal \$898,135

TOTAL COUNTY FUNDS \$10,315,290

KEY RESULT III: IMPROVED HEALTH FOR SENIORS AND PEOPLE WITH DISABILITIES

Programs:

- Senior Food Program
- Senior Community Services
- Mental Health Services
- Community/Nursing Home Medical Assistance and Outreach

Tier 1: County Funds Required to Support HB669 Positions

Positions

Medical Assistance Outreach and Long Term Care

Income Assistance Prog Spec II	10.0 WY	\$44,122
Program Manager II	1.0 WY	\$7,081
Financial Assistance Supervisor	2.0 WY	\$1,826
Human Services Specialist I	2.0 WY	\$11,689
Principal Admin Aide	2.0 WY	\$16,683

Subtotal \$81,401

Tier 2: County Funds Required under a Federal/State Match

Competitively Bid Contracts

Senior Food Program

Meals on Wheels	\$60,000
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Subtotal \$60,000

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

None

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

Positions

MA Outreach and Long Term Care

Income Asst Prog Specialist	1.0 WY	\$35,729
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Competitively Bid Contracts

Senior Food Program

Contracts to supplement federal funds for meals on wheels	\$75,750
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Subtotal	\$111,479
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Tier 4: County Funds to Support County Programs or Initiatives

Positions

Senior Community Services

Fiscal Assist., Senior Dental Program (0.4 WY – 1 st year)	\$20,520
Client Assistant Specialist (0.4 WY – 1 st year)	\$22,420

Competitively Bid Contracts

Mental Health Services

Affiliated Sante (senior outreach)	\$304,000
Jewish Social Service Agency	\$85,456
Affiliated Sante	\$99,210

Non-Competitively Bid Contracts

Senior Community Services

Associated Catholic Charities	\$46,818
Associated Catholic Charities – One Time Only	\$24,000
University of Maryland Cooperative Extension (Health Insurance Counseling)	\$61,646

Mental Health

Heyday/Round House Theater	\$10,200
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Subtotal	\$674,270
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TOTAL COUNTY FUNDS	\$927,150
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KEY RESULT IV: SENIORS AND ADULTS WITH DISABILITIES ARE ABLE TO MAINTAIN INDEPENDENCE

Programs:

- Information and Assistance
- Continuing Case Management – Social Services to Adults
- Persons with Disabilities Outreach Services
- Senior Community Services
- Group Residential and Vocational Services

Tier 1: County Funds to Support HB 669 Positions

Positions

Information and Assistance:

Social Worker IV	1.0 WY	\$10,083
Social Worker III	0.5 WY	\$2,214
Principal Admin Aide	1.0 WY	\$9,324

Continuing Case Management – Social Services to Adults

Manager II	1.0 WY	\$16,476
Social Worker IV	1.0 WY	\$15,108
Social Worker III	1.5 WY	\$19,873
Office Services Coordinator	1.0 WY	\$4,072
Principal Admin Aide	2.0 WY	\$7,259

Subtotal \$84,409

Tier 2: County Funds Required as a State or Federal Match

Positions

Information and Assistance:

Social Worker III	1.0 WY	\$72,501
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Continuing Case Management – Social Services to Adults

Social Worker III	1.0 WY	\$31,033
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Subtotal \$103,534

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

None

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

Positions

Information and Assistance:

Manager II	1.0 WY	\$100,238
Community Health Nurse II	1.0 WY	\$52,733
Social Worker III	1.0 WY	\$34,915 ^e
Client Assist Spec	1.0 WY	\$27,090 ^e
Client Assist Spec	1.0 WY	\$51,597

Continuing Case Management – Social Services to Adults

Community Health Nurse II	1.0 WY	\$33,773 ^e
Social Worker III	1.5 WY	\$50,886 ^e
Principal Admin Aid	0.75 WY	\$12,295 ^e

Subtotal \$363,527

Tier 4: County Funds to Support County Programs or County Initiatives

Positions

Persons with Disabilities Outreach Services

Manager III	1.0 WY	\$91,804
Program Specialist II	1.0 WY	\$77,514
Office Services Coordinator	2.0 WY	\$93,523

Competitively Bid Contracts

Senior Community Services

Ryder/ATE	\$645,310
Mental Health Association	\$59,867 ^f

Persons with Disabilities Outreach Services

Barwood Cab	\$1,000
Regency Cab	\$4,000

^e The County dollars for these positions represent 50% of the cost of each position. Federal Financial Participation (FFP) dollars fund the remaining 50% of the cost of each position.

^f In addition to the \$59,867 County dollars in this contract, Federal Financial Participation dollars and grant dollars also fund this contract with MHA.

Group Residential and Vocational Services

Jewish Social Service Agency	\$40,000
Lt. Joseph P. Kennedy Institute	\$53,750
ARC	\$62,201

Non-competitively Bid Contracts

Continuing Case Management/In-Home Aide Services

Jewish Social Service Agency	\$14,288 ^g
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Senior Community Services

Senior Interfaith Resource Center	\$46,818
Jewish Council for the Aging (Connect-A-Ride)	\$90,963

Community Support Network/Disability Services

TransCen, Inc.	\$137,234
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Operating Dollars

Persons with Disabilities Outreach

Community Support Network Voucher Program	\$43,000
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Information and Assistance

Miscellaneous Operating Expenses	\$13,800
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Continuing Case Management

Miscellaneous Operating Expenses	\$3,000
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Subtotal **\$1,478,072**

TOTAL COUNTY FUNDS

\$2,029,542

^g The County dollars for this contract represents 50% of the contract amount. Federal Financial Participation (FFP) dollars fund the remaining 50% of the cost of the contract.

KEY RESULT V: SENIORS AND ADULTS WITH DISABILITIES ARE ABLE TO INCREASE THEIR QUALITY OF LIFE

Program:

- Senior Community Services
- Persons with Disabilities Outreach Services

Tier 1: County Funds to Support HB 669 Positions

None

Tier 2: County Funds Required as a State or Federal Match

None

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

None

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

None

Tier 4: County Funds for County Initiatives or Programs

Positions

Senior Community Services

Program Manager I	1.0 WY	\$84,161
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Competitively Bid Contracts

Senior Community Services

Mental Health Association	\$66,304
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Non-Competitively Bid Contracts

Senior Community Services

Jewish Community Center (services for visually handicapped)	\$3,509
Jewish Council on Aging (geriatric aide training)	\$60,000
Jewish Council on Aging (employment for seniors)	\$38,130
Jewish Council on Aging (senior volunteer corps)	\$31,620
Jewish Council on Aging (computers w/o walls) one time only	\$74,970
Jewish Council on Aging (Computer Docs)	\$40,800

Persons with Disabilities Outreach Services

Best Buddies	\$28,015
Independence Now, Inc.	\$48,691
Metro Washington Ear	\$48,653
Potomac Com Resources/Our Lady of Mercy	\$10,200
Red Wiggler - One Time Only	\$24,999

Subtotal	\$560,052
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TOTAL COUNTY FUNDS	\$560,052
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KEY RESULT VI: PROGRAM PLANNING, EVALUATION, AND POLICY DEVELOPMENT

Not included in *Measuring Progress – A Strategy to Get Results*

Tier 1: County Funds to Support HB 669 Positions

Positions

Service Area Administration

Chief	1.0 WY	\$27,829
Executive Admin Aide	1.0 WY	\$12,440
Subtotal		\$40,269

Tier 2: County Funds Required Under a Federal/State Match

Positions

Senior Community Services

Manager II	1.0 WY	\$106,735
Principal Admin Aide	1.0 WY	\$17,847
Subtotal		\$124,582

Tier 3A: County Funds to Supplement State Programs for which the State does not Reimburse or Inadequately Reimburse

None

Tier 3B: County Funds to Supplement State Programs in Order to Provide Additional Quantities of Service

None

Tier 4: County Funds to Support County Initiatives or Programs

Positions

Persons with Disabilities Outreach Services

Program Manager II	1.0 WY	\$83,172
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Senior Community Services

Program Manager II	1.0 WY	\$90,936
Program Manager I	1.0 WY	\$51,991
Office Services Coordinator	1.0 WY	\$44,903

Service Area Administration

Program Manager II	1.0 WY	\$83,293
Administrative Specialist III	1.0 WY	\$51,992
Overtime		\$5,701

Operating Dollars

Senior Community Services

Senior Initiative Coordinator (Broker contract)		\$60,000
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Service Area Administration

General Operating Funds		\$59,000
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Subtotal		\$530,988
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TOTAL COUNTY FUNDS

		\$695,839
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